

Case Number:	CM14-0169072		
Date Assigned:	10/17/2014	Date of Injury:	05/25/2008
Decision Date:	11/19/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 62 year old male with a reported date of injury of May 25, 2008. Diagnosis reported at displacement of lumbar intervertebral disc without myelopathy. The most recent primary treating physician's progress note, dated September 12, 2014, indicates the injured worker presents to follow-up on complaints of chronic low back pain and right lumbar radicular symptoms. The pain is on the right greater than the left and is described as a cramping, sharp, shooting pain that radiates to the right lower extremity and is rated as a six to seven out of ten. He reports the average pain is rated at six to seven out of ten and his baseline pain score (after treatment) is rated at a four out of ten. Associated symptoms include feeling anxious and right lower extremity weakness with numbness and tingling. He reports that prolonged standing and prolonged sitting, aggravates his complaints. He has to shift his body to the left secondary to his pain and cannot sit up for prolonged periods of time. The symptoms are alleviated by medication and an electrical nerve stimulation (TENS) unit. The injured worker is able to ambulate up to half a city block with crutches. He has difficulty transferring out of a chair and is moderately unsteady when standing. He attempted to ambulate without crutches, but fell secondary to sudden sharp low back and radicular pain. His fall risk score is rated as a high risk. The injured worker is status post right L5 transforaminal epidural steroid injection on July 25, 2014 with 40% relief reported. He is reported to have had an MRI in 2009 showing a L4-5 disc bulge causing central and bilateral foraminal stenosis that is concordant with right L5 radiculopathy symptoms and is scheduled for an updated MRI of the lumbar spine due to persistent pain recalcitrant to conservative management and to evaluate for paracentral vs. foraminal vs. far lateral worsening disc protrusion that may be compressing the nerve root. Electromyography, on September 17, 2009, confirmed right L5 radiculopathy. At this visit he states he continues to have low back pain, as well as right lumbar radicular pain localized to the posterior thigh that

wraps around onto the dorsum of the right big toe. The injured worker is not in physical therapy, as of this visit, due to being unable to tolerate secondary to persistent pain. He reports he continues to do mild stretches at home when tolerable. As of this visit, the injured worker is taking Zanaflex 4mg three times a day with reports of 50% benefit, Ultram 50mg three times a day with reported 50% decrease in pain, Tramadol 50mg three times a day as needed, Lidoderm patch with reported 30-40% decrease in pain, Omeprazole 20mg once daily, and Nortriptyline 50mg at bedtime. He reports the medications allow him to tolerate his pain and function in some capacity, but current acuity of his pain has been impeding function progress while awaiting evaluation and treatment. The injured worker reported, at this visit, that his TENS unit had recently broken and he would like a replacement. He reports the TENS unit reduces pain symptoms by >50% and allowed him to limit his pain medication usage. Physical examination reveals a well-nourished and well developed individual in mild distress. He is noted for antalgic gait and the need for bilateral crutches to ambulate, a left shift of the thoracic lumbar spine, and range of motion of lumbar spine severely limited in flexion and extension. Prior utilization review modified a request for a TENS unit for the Lumbar Spine to a TENS unit rental for the Lumbar Spine on October 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS Unit for the Lumbar Spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The records in this case do not suggest consistent performance of a program of functional restoration or self-directed HEP. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted according to guidelines and this is not included with the records provided. Although it was noted that the patient had a TENS unit and received approximately 50% relief of pain with use as well as the ability to limit medication intake, there is no description of functional benefit as a result or return to work, and it was noted the patient remains totally temporarily disabled for this 2008 injury. Furthermore, the request does not specify if the unit is to be rented or purchases, and the request was previously modified to certify a rental. Therefore, the request for TENS unit for the lumbar spine is not medically necessary.