MAXIMUS Federal Services

Case Number:	CM14-0171500		
Date Assigned:	10/23/2014	Date of Injury:	06/26/2006
Decision Date:	12/11/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/16/2014

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 & Rehabilitation 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:

The injured worker is a 58 year old female who reported an injury on 06/29/2006. The mechanism of injury reportedly occurred when the injured worker was positioning a patient. Her diagnoses included cervical disc disease, cervical radiculopathy, Lumbar disc disease, Lumbar radiculopathy and Lumbar facet syndrome. Her past treatments have included physical therapy, chiropractic treatment, acupuncture, work modification and medications. Diagnostic studies included an MRI of the cervical spine dated 09/02/2014 and an MRI of the lumbar spine dated 09/04/2014. An initial consultation report dated 09/23/2014 indicated the injured worker complained of cervical spine pain rated 2/10; described as constant, tight and throbbing radiating to the bilateral shoulders and down to the wrists with weakness. The injured worker had thoracic spine pain rated 8/10 described as constant, achy and throbbing and lumbar spine pain rated 8/10 described as constant, sharp and radiating to the right hip. Upon examination of the cervical spine the injured worker was noted to have tenderness in the paraspinous muscles and spasms extending to the bilateral trapezii, a positive Spurling's and decreased range of motion to 20 degrees with flexion and 50 degrees with extension. Examination of the lumbar spine indicated diffuse lumbar paraspinous muscle tenderness and moderate facet tenderness at L4 through S1. Lumbar spine range of motion was assessed and the injured worker had flexion to 60 degrees, extension to 10 degrees, and lateral bending to 15 degrees bilaterally. Her current medication regimen included Vicodin, Naproxen and Ambien since at least 09/23/2014. The treatment plan included a recommendation for bilateral C4-C5 and C5-C6 transfacet epidural steroid injection, a left L3-L4 and bilateral L4-L5 transforaminal epidural steroid injection, continue with current medications, continue with a home exercise program and return to the clinic for a 6-8 week follow-up. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Dual TENS/EMS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115, 121.

Decision rationale: The request for Prime Dual TENS/EMS Unit is not medically necessary. The injured worker has cervical, thoracic and low back pain. The California MTUS Guidelines do not recommend TENS as a primary treatment modality. A 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 for patients with neuropathic pain complex regional pain syndrome I and II, neuropathic pain, post herpetic neuralgia, phantom limb pain, spasticity in spinal cord injury and multiple sclerosis. There should be documentation of pain of at least three month duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. The guidelines note neuromuscular electrical stimulation devices are not recommended and are primarily used as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. The documentation submitted for review did not indicate the injured worker had one of the previously mentioned diagnoses. There is a lack of documentation indicating the injured worker underwent a one month home based trial with the unit with documentation indicating how often the unit was used as well as providing evidence of significant objective functional improvement. There was no indication within the documentation that the injured worker suffered a stroke. Additionally, there was no indication that the unit would be used as an adjunct to a program of evidence-based functional restoration. As such, the request for Prime Dual TENS/EMS Unit is not medically necessary.