

Case Number:	CM14-0032462		
Date Assigned:	06/20/2014	Date of Injury:	08/14/2009
Decision Date:	07/25/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/14/2014

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, and is licensed to practice in Alabama. 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 patient is a 50 year old female who was injured on 9/14/09. The mechanism of injury was not provided for review. A progress report dated 2/11/14 indicates that the patient complained of pain in the low back and bilateral upper extremities. The pain becomes worse when standing, lifting, walking, and lying flat. The pain is alleviated with sitting reclined and with medication. She rated the pain as 8-9/10 on VAS without medications, and with medications a 6-7/10. On exam, the lumbar spine revealed 5/5 bilateral strength. Sensation intact and equal and there is minimal tenderness over the paraspinals bilaterally. Impression and recommendations included lumbar stenosis, lumbar radiculitis, chronic pain syndrome, numbness, obesity, muscle pain, lumbar spondylosis, and lumbar degenerative disk disease. A TENS unit was requested as the patient improved with it and treatment options are very limited. On an AME report dated 3/19/14, the patient is noted to be disabled without clinical evidence of spinal cord injury. It is felt that the patient would benefit from further evaluation as her condition is affected by her obesity and psychiatric comorbidity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REPLACEMENT OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT: Overturned

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 Page(s): 114-116.

Decision rationale: The MTUS guidelines state that the criteria for the use of TENS is chronic intractable pain for conditions such as neuropathic pain and spasticity. The criteria ask for documentation of pain of at least 3 months duration and evidence that other appropriate pain modalities have been tried and failed. Then, a one-month trial period of the TENS unit should be documented, as well as outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period including medication usage. In this case, the patient has a diagnosis of lumbar radiculitis, which is neuropathic pain. She also has a prior diagnosis of incomplete spinal cord injury; however, it is unclear if it is an active diagnosis or there is spasticity involved. The patient meets the above criteria with documented history from a progress note on 2/11/14 stating that there is improvement in pain level and range of motion with use of the TENS unit when she had it. She noted that she had fewer flare-ups and used less medication when she was able to use the unit regularly. In addition, the patient has reported increase in function in regards to being more mobile and increasing range of motion with the use of TENS. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.