MAXIMUS Federal Services

Case Number:	CM14-0032933		
Date Assigned:	06/20/2014	Date of Injury:	03/12/2010
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
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 Neurology and is licensed to practice in New Jersey. 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 44 year old woman who sustained a work-related injury on March 12, 2010. Subsequently she sustained chronic cervical and lumbar pain. According to a note dated on February 2, 2014, her physical examination demonstrated left hand weakness and left hand decrease in sensation. There is right thigh decrease in sensation. There is tenderness at the paracervical and paralumbar musculature. Her MRI of the lumbar spine performed on June 23, 2010 showed L4-5 disc bulging and bilateral facet joint hypertrophic changes with moderate right and moderately severe left neural foraminal stenosis slightly impinging the left L4 nerve root; L5-S1 right paracentral and lateral disc bulging with moderately severe right lateral recess stenosis slightly impinging on the right S1 nerve root. A cervical spine MRI of September 20, 2010 showed C6-7 fairly prominent left posterolateral disc protrusion, filling axillary canal and left foramen, likely associated neuropathic impingement. NCS/EMG of November 2, 2010 revealed the left C6/7 nerve roots irritation and the right mild carpel tunnel syndrome. New MRI of lumbar spine on September 5, 2013 demonstrated: L4-5 mild disc bulging and bilateral facet hypertrophic changes with mild bilateral neural foraminal stenosis, L5-S1 prominent right paracentral disc bulge impinging on the right S1 nerve root, and mildly extending into the right neural foramen. The patient was diagnosed with chronic cervicalgia; L4 and L5-S1 disc protrusion and facet arthropathy with bilateral foraminal stenosis; recurrent right low back pain; right L5 and S1 radicular pain; C6-7 prominent left disc protrusion with cervicalgia and left radicular pain; and cervical and thoracic spine sprain/strain with myofascial pain. Her treatment included: chiropractic adjustments, physical therapy, Flexeril, Vicodin, Soma, Flector patch, Norco, Baclofen, Celebrex, Voltaren gel, Fentanyl patch, Morphine, OxyContin, Percocet, MS Contin, MSIR, and Neurontin, TENS unit, and epidural steroid injections. The urine drug test on August 2, 2013 shows positive for OPI and Amphetamines and negative for THC, Cocaine,

Meth, PCP, MDMA, Bar, BZO, Methadone, TCA, and Oxy, which is consistent with her treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: According to the MTUS Chronic Pain Guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of her pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of a TENS unit is not medically necessary and appropriate.