MAXIMUS Federal Services

Case Number:	CM14-0042260		
Date Assigned:	06/30/2014	Date of Injury:	02/04/2010
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational 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:

The patient is a 56 year old male who was injured on 02/04/2010. The patient sustained an injury while performing repetitive movements that are required for the job. He has been treated conservatively with physical therapy which offered limited benefit. MRI of the left lower extremity without contrast dated 11/22/2013 revealed minimal joint effusion. Pain management evaluation note dated 03/24/2014 indicates the patient complained of low back pain radiating to the bilateral lower extremities. The pain restricts his activities of daily living such sleeping, ambulating, physical activity and self-care/hygiene. He also reports symptoms of numbness and burning. He rated his pain an 8-9/10. Lumbar examination revealed pain on range of motion flexion to 60; extension to 10; and bilateral bending to 10. Patellar deep tendon reflexes were decreased bilaterally as well as Achilles tendon. Straight leg raise in the seated position and with leg fully extended was positive on the bilateral lower extremities for radicular pain at 70 degrees. The patient was unable to heel walk and was unable to toe walk. He is diagnosed with lumbar radiculopathy, left knee pain, chronic pain syndrome, and status post left knee Total Knee Arthroscopy. He has been recommended Gabapentin 600 mg and trial of TENS therapy for 4 weeks.Prior utilization review dated 04/03/2014 states the request for 4-week Transcutaneous electrical nerve stimulation (TENS) unit rental with lumbar attachment is denied as there is a lack of documentation establishing medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-week Transcutaneous electrical nerve stimulation (TENS) unit rental with lumbar attachment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: According to MTUS guidelines, TENS may be recommended for neuropathic pain, diabetic neuropathy, post-herpetic neuralgia, phantom limb, CRPS, spasticity, multiple sclerosis. However, evidence in favor of TENS is weak. In this case the patient is a 56-year-old male injured on 2/4/10 with chronic low back pain and mild-moderate lumbar Degenerative Disk Disease. There is mild spinal stenosis and multilevel neuroforaminal narrowing noted on lumbar MRI of 7/3/13. A request is made for a TENS unit trial. However, in this case the patient does not clearly suffer from neuropathic pain or from another condition for which TENS may be indicated. There are complaints of radicular pain, tingling and burning in the lower extremities with a diagnosis of lumbar radiculopathy. However, there are no clearly dermatomal or myotomal findings on examination indicative of lumbar radiculopathy. Recent examination findings are inconsistent between providers. Lumbar MRI does not appear to demonstrate nerve compromise, though the original report is not provided. Medical necessity for TENS trial is not established.