

Case Number:	CM14-0045291		
Date Assigned:	06/27/2014	Date of Injury:	04/28/2006
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

Patient is a 60-year-old female with a 04/28/06 date of injury, due to a slip and fall. Physician report dated 02/03/14 indicates complaints of low back pain radiating down the bilateral lower extremities. Pain is rated 8/10 with and 9/10 without medications. Next progress report dated 03/03/14 claims pain levels of 4/10 with medications. On 06/23/14 levels were 3/10 with medications, and 7/10 without medications. It is indicated the patient's pain is worsening since her last visit. Objectively there is tenderness in the cervical spine with limited ROM due to pain. Tenderness upon palpation at L4 and S1, ROM moderately limited due to pain. MRI of lumbar spine dated 02/07/12 indicates a 5-mm broad-based posterior disk herniation at L1-2 resulting in a moderate to severe bilateral recess stenosis and moderate central spinal canal stenosis. Potential for impingement upon traversing L2 nerves bilaterally. 3.5-mm broad-based posterior protrusions at L4-5, facet joint arthropathy, moderate bilateral L4- 5 recess stenosis and moderate to severe spinal canal stenosis with potential for impingement upon the L5 nerves. 3-4mm posterior disk protrusion at L2-3 resulting in moderate to mild L2-3 recess stenosis and mild to moderate central spinal canal stenosis. Hyperemia at the right L3-4 facet joint. Diagnosis: Lumbar radiculopathy, status post fusion lumbar spine, bilateral knee pain, fibromyalgia, postherpetic neuralgia, and lumbar fusion, status post left knee surgery x 2, medial compartment arthritis of left knee. History of right lower extremity postherpetic neurology with residual pain, chronic pain, other. Current medications include Oxycodone, and Gabapentin. The patient is undergoing a home exercise program. Request is for 1 TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS unit trial may be considered as a noninvasive conservative option. Criteria for the use of a TENS unit include Chronic intractable pain, pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short and long term goals of treatment with the TENS unit. Analysis of progress reports reveals that pain levels have diminished from 8-9/10 in February 2014 to 3 (with medications)-7 (without)-10 in June 2014, which is supportive of the fact that medications are at least partially effective and have not failed. It is noted in the records that the patient has positive response to transcutaneous electrical nerve stimulation. This has not been further clarified in terms of the treatments already rendered, subjective pain relief or objective functional gain to substantiate a 30-day home based trial. The doctor has requested a TENS unit however does not discuss the reasons, location of proposed application, or rationale of a TENS unit with a 2006 date of injury therefore, this request is not medically necessary.