

Case Number:	CM14-0061296		
Date Assigned:	07/09/2014	Date of Injury:	09/24/2012
Decision Date:	08/19/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/02/2014

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 & Rehab, has a subspecialty in Interventional Spine 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 51-year-old male with date of injury of 09/24/2012. The listed diagnoses per the QME report dated 01/16/2014 by [REDACTED] are: Cervical degenerative arthritis, Lumbar facet arthropathy, lumbar pain, L3-L4 and L4-L5 facet arthropathy, history of transitional lumbosacral vertebrae with pseudoarticulation at the right sacrum, right L4-L5 lumbar radiculopathy, Post-occipital headaches, Resolved left wrist injury, Obesity. According to this report, the patient complained of neck pain that radiates into the head with headaches. He reports severe pain from tip of the neck with head locks from 3 to 10 seconds. His pain is constant. He is unable to maintain his head in a single position too long. He reports low back pain. He feels like he is going to break in half. He states that he is unable to lean back and has difficulty sitting, standing, and walking for a length of time. It causes severe pain in his lower back. Often tired because sleeping is very difficult. He reports that his pain radiates to the buttocks on both sides, right more than the left. He has tingling from his knees radiating down to the toes on both sides, worse with standing, walking, and sitting. The patient rates his pain 10/10 without medications. The physical examination shows the cervical spine exam reveals pain in the anterolateral and paraspinal scapular region. Sensation to light touch and pinprick is intact bilaterally in the upper extremities. Motor power is within normal limits bilaterally. Visual examination of the lumbosacral spine reveals normal alignment of the spine. Shoulders and iliac crest are parallel. There is a scar in the midline from surgery from laminectomy at L4-L5. Heel and toe walking is satisfactory with no antalgic component. Knee jerks and ankle jerks are within normal limits. Sensation to light touch and pinprick is intact bilaterally to the lumbosacral region. Extensor hallucis longus strength is within normal limits. Muscle strength is within normal limits bilaterally and leg lengths are equal. The utilization review denied the request on 04/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 units for 3 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient presents with neck pain and low back pain. The treater is requesting a TENS unit rental for 3 months. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidenced-based functional restoration. The correspondence letter dated 04/24/2014 from [REDACTED] documents that the patient is currently taking Norco, nortriptyline, meloxicam, Flexeril, and omeprazole with medications having less effectiveness overtime. The patient had had courses of physical therapy and injections to his neck and low back pain without significant relief of pain. The treater is modifying his request from a 3 month trial to a 1-month trial of a TENS unit to determine its effectivity. None of the 422 pages of records show that the patient has trialed TENS unit in the past. In this case, while the MTUS Guidelines recommends a 1-month trial of TENS unit to determine its efficacy in terms of pain relief and function, the original request is for a 3-month rental. Therefore, a 3-month rental is not supported by the guidelines. Therefore, the request is not medically necessary.