

Case Number:	CM14-0082220		
Date Assigned:	07/21/2014	Date of Injury:	05/09/2012
Decision Date:	09/23/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/03/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 51 year old employee with date of injury of 5/9/2012. Medical records indicate the patient is undergoing treatment for status-post laminectomy/discectomy in 2006; lumbar fusion in 7/2013; lumbar degenerative disc disease; lumbar post laminectomy pain syndrome; status post lumbar fusion at L4-L5, 7/2013; lumbar discogenic pain; lumbar myofascial pain and chronic pain syndrome. Subjective complaints include pain radiating down left side of low back, laterally through thigh and calf to the ankle. He describes burning pain into the dorsum of his left foot. He describes his pain as "constant" and any activity aggravates his pain. He rates his pain at a 5/10 without medication and 3/10 with medication. Sitting, bending and lifting make the pain worse. Lying down, PT and medications improve his pain and function. Objective findings include antalgia in the sitting position, favoring the right side. Patient is nontender to superficial and deep palpation through the lumbar spine and paravertebral musculature. His range of motion (ROM) includes lumbar flexion to 30 degrees, extension to 20 degrees, lateral bending to 20 degrees with increased back and leg pain on flexion and extension. His L2-S1 is intact to light touch. His straight leg raise is positive on the left at 45 degrees with positive Braggart's. An MRI of the lumbar spine demonstrates a large disc extrusion to the left side L4-5, extending posteriorly down the back of the L4 vertebral body. There is disc space collapse at this level with endplate edema. Treatment has consisted of Soma, Norco, epidural steroid injections, Terocin and Amitriptyline. The utilization review determination was rendered on 5/23/2014 recommending non-certification of a TENS unit for the lumbar spine, 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for the lumbar spine, 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical stimulation) Page(s): 115-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. The treating physician provided documentation that the patient previously had a TENS unit and it provided functional improvement. However, the treating physician did not document the patient would utilize the TENS unit with other therapy, provided no documentation of other treatment trials and failures, and no documentation of short and long term treatment goals with H-Wave. As such, the request for TENS unit for the lumbar spine, 30 day trial is not medically necessary.