

Case Number:	CM14-0090996		
Date Assigned:	09/19/2014	Date of Injury:	05/03/2013
Decision Date:	10/21/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 47-year-old male with a reported injury on 05/03/2013. The mechanism of injury was a slip and fall out of a truck. The injured worker's diagnoses included right lumbar radiculopathy, rule out disc extrusion/mass effect, cervical pain with upper extremity symptoms, rule out cervical disc injury, right elbow internal derangement, rule out traumatic lateral epicondylitis and left elbow pain. The injured worker's previous treatments included medications, TENS, a lumbar support and physical therapy. The injured worker's diagnostic testing included an EMG/NCV for bilateral lower extremities on 10/15/2013. No pertinent surgical history was provided. The injured worker was evaluated on 05/28/2014 for complaints of low back, neck, right elbow, and left elbow pain. The clinician observed and reported that muscle spasms had remained refractory to heat, cold, stretching, physical therapy, home exercises, activity modification, TENS. Orphenadrine 100 mg twice a day decreased spasm with resulting diminution in pain 3 points average on scale of 10 with increase and tolerance to exercise, activity and notable increase in range of motion per patient. The clinician reported tenderness to the lumbar and cervical spine with limits to range of motion, left and right elbow exam was essentially unchanged. Spasms of the lumboparaspinal musculature and cervical trapezius/cervical paraspinal musculature were less pronounced. The treatment plan was to request additional physical therapy, acupuncture, continue lumbar support and TENS and continue medications. The request was for 1 purchase of a TENS (transcutaneous electrical nerve stimulation) unit, electrodes, battery, lead wires and garment for the management of symptoms related to lumbar spine injury. No rationale for this request was provided. No Request for Authorization Form was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of a TENS (Transcutaneous Electrical Nerve Simulation) Unit, Electrodes, Battery, Lead Wires and Garment for the Management of Symptoms related to Lumbar Spine Injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for 1 purchase of a TENS (transcutaneous electrical nerve stimulation) unit, electrodes, battery, lead wires and garment for the management of symptoms related to lumbar spine injury is not medically necessary. The injured worker continued to complain of low back, neck, and bilateral elbow pain. The California MTUS Chronic Pain Guidelines recommend a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. A treatment plan including the specific short term and long term goals of treatment with a TENS unit should be submitted. The injured worker was provided with and signed for a TENS unit on 10/25/2013. The clinical records submitted for review failed to provide documentation of objective functional benefit that was received as a result of TENS unit use such as a measured increase in strength or range of motion. Additionally, the request failed to indicate the quantity of TENS unit supplies being requested. There is no indication on the request that this is a replacement TENS unit or why a replacement would be necessary. Therefore, the request for 1 purchase of a TENS (transcutaneous electrical nerve stimulation) unit, electrodes, battery, lead wires and garment for the management of symptoms related to lumbar spine injury is not medically necessary.