

Case Number:	CM14-0092791		
Date Assigned:	07/25/2014	Date of Injury:	01/25/2012
Decision Date:	09/12/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/19/2014

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 and is licensed to practice in Illinois. 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 55-year-old male who reported injury on 01/25/2012, due to repetitive bending. The injured worker has diagnoses of low back pain, disorder of meninges, lumbar post laminectomy syndrome and disorder of trunk. Past medical treatment the injured worker has undergone consists of acupuncture, massage therapy, chiropractic therapy, surgery and medication therapy. Medications consist of Norco 7.5 mg up to 6 tablets per day, Lidoderm patch 5% 12 hours on 12 hours off, gabapentin 600 mg 3 times a day and Excedrin for migraines. The injured worker underwent MRI demonstrating a large disc extrusion at L5-S1 to the right, impinging on the right S1 nerve root, not date documented in submitted report. In late 2013, the injured worker underwent a new MRI, nerve studies and a CT myelogram. The injured worker underwent right L5-S1 discectomy on 12/18/2012 for an extruded disc. The injured worker complained of low back pain. The injured worker described it as constant and rated it at a 6/10 to 7/10. The injured worker also stated that the pain radiated to her mid back and right buttocks. The injured worker also stated that the pain increased to a 9/10 when she did not take her pain medications or with prolonged walking, sitting or bending. Physical examination dated 05/15/2014, revealed that the injured worker's lumbar range of motion was limited, because the injured worker began with approximately 20 degrees forward bending. Forward bend was -20 degrees. Lumbosacral with no sacral motion. Extension was 12 degrees lumbosacral, negative 2 degrees sacral, equal 10 degrees lumbar extension. Side bends were 20 degrees right and 20 degrees left. However, this was done with the injured worker forward bent about 20 degrees. Palpation of the upper thoracic paraspinals, mid thoracic paraspinals and thoracolumbar junction were not tender to palpation. Lumbar paraspinal muscles, lumbosacral junction and gluteal were tender to palpation. Deep tendon reflexes of the patella and ankle jerks were 1+ bilaterally. Babinski sign was down bilaterally. Motor strength revealed that the extensor hallucis longus,

tibialis anterior, peroneal, quadriceps, and hamstrings were 5/5 bilaterally. The treatment plan for the injured worker is to start using a TENS unit to try to manage her pain levels. The rationale is the injured worker is afraid to repeat surgery. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Transcutaneous Electrical Nerve Stimulator (TENS) device purchase: 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 Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day. The guidelines also state that a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The submitted report lacked any quantified evidence of failure to prior conservative care. The documentation showed that the injured worker underwent acupuncture, massage therapy and chiropractic therapy, but it was unclear what the outcomes of such therapies were. Guidelines also recommend the rental of a TENS unit before purchase for the first 30 days. The submitted request is for the purchase, exceeding the recommended guidelines by the MTUS. Furthermore, guidelines also state that the proposed necessity of the unit should be documented. The request submitted did not specify where the unit will be used. As such, the request for TENS device purchase is non-certified.