

Case Number:	CM13-0006105		
Date Assigned:	11/20/2013	Date of Injury:	01/04/2005
Decision Date:	12/09/2015	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on 1-4-2005. The injured worker is undergoing treatment for: pain to the neck, mid and low back and left shoulder, lumbar disc displacement without myelopathy. On 3-27-13, 6-10-13, he reported pain to the low back, mid back, neck, and left shoulder. He rated his pain 10 out of 10. He indicated there to be leg pain and numbness and arm pain with decreased grip strength in the left upper extremity, and weakness, gait and balance problems. Physical examination revealed an antalgic wide based gait, use of cane for ambulation and balance, pain with palpation of the neck, thoracic and lumbar spine, with noted spasms, limited range of motion of lumbar, decreased bilateral lower extremity strength, normal sensation to bilateral lower extremities, hyperreflexic deep tendon reflexes of the bilateral knees, absent Achilles reflexes bilaterally, positive left straight leg raise test, negative faber test; pain with palpation of the neck, limited range of motion of neck, positive spurling's test, and full bilateral upper extremity strength. The treatment and diagnostic testing to date has included: multiple sessions of physical therapy, medications, multiple chiropractic treatments, and epidural injections (date unclear), MRI of the cervical and lumbar spine (7-1-13). Medications have included: docusate sodium, senokot-s, topiramate, norco, MS Contin, Lexapro, oxybutynin CI ER, terazosin. Current work status: permanent and stationary. The request for authorization is for: TENS unit purchase and supplies. The UR dated 7-8-2013: non-certified the request for TENS unit purchase and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The medical records indicate the patient has ongoing neck and low back pain. The current request for consideration is for Tens unit purchase and supplies. There are no available medical records which discuss the request for a tens unit purchase or supplies. The CA MTUS was consulted and has this to say regarding transcutaneous electrical nerve stimulation: Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of 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. Other ongoing pain treatment should also be documented during the trial period including medication usage. In this case, there are no available records which discuss a one-month trial of TENS. There is nothing in the medical records, which indicates that an evidence-based functional restoration program will be utilized as an adjunct. The available medical records do not establish medical necessity for the request of a TENS unit purchase per CA MTUS guidelines. Therefore, the request is not medically necessary.