

Case Number:	CM14-0197532		
Date Assigned:	12/17/2014	Date of Injury:	04/15/2013
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Practice 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:

This 32-year old male sustained a work related injury on 04/15/2013. According to a Qualified Medical Evaluation dated 09/25/2014, a metal post came loose, fell and hit him on his back and lower back on the right side and knocked him down. He subsequently complained of increasing pain to his lower back. He had pulmonary function tests that were normal. Electrodiagnostic studies of the lower extremities on 11/20/2013 were normal. These reports were not submitted for review. An MRI on 11/01/2013 revealed a 5 millimeter disc bulge at L2-3 which narrowed the lateral recess and may contact the traversing right L3 nerve root, without visualized compression or significant canal narrowing. There were bilateral chronic changes at L2 with pars interarticularis fractures and mild Grade I retrolisthesis with a Type I marrow endplate. There was mild right neural foraminal narrowing and facet hypertrophy with mild neural foraminal narrowing as noted on the right L5-S1 and bilateral L4-5 levels. Impressions were chronic discogenic back pain without radiculopathy, compensatory lumbar scoliosis with a significant pelvic tilt in the right hemi pelvis lower than the left. Treatments have included physical therapy, acupuncture, medications and TENS unit modality. The injured worker complained of low back pain without current leg pain. He also reported numbness especially with prolonged sitting or driving that extended down both legs with tingling in all toes. He was unable to do heavy lifting or stand and walk for long periods. He ambulates using a cane. The cane was needed if he was not taking medication. Pain was rated 5 or 6 on a scale of 0-10 and is a 9 at worst and a 2 at least. Medication regimen included intermittent medication, anti-inflammatories and Tylenol. The injured worker was sensitive to ibuprofen, which causes his eyes to swell. Work restrictions included occasional lifting and carrying capacity of 50 pounds, frequent lift and carry of 30 pounds, unlimited sit, stand and walk and pushing/pulling to 50 pounds. All other listed activities could be done frequently. The provider's assessment was

noted as chronic low back pain, degenerative joint disease of the lumbar back with disc protrusion at L2-3 and chest contusion, beyond the course and scope of this Qualified Medical Evaluation deferred to an Internal Medicine Qualified Medical Evaluator. As of a progress report dated 10/27/2014, the injured worker complained of low back pain that was described as constant stabbing and worse with cold weather and activity. There was no radiation, numbness or tingling. Objective findings included tenderness to palpation to the lumbar spine and paraspinal muscles and lumbar pain with movement. Diagnoses included thoracic sprain/strain, lumbar sprain/strain, contusion of chest and myofascial pain. Treatment regimen included Naproxen, Tramadol, Mentherm gel, HEP and TENS unit for pain control. Treatment plan included refill/dispensed TENS patches x 2, continue medications, await for authorization for orthopedic spine consult due to positive MRI of the lumbar and await for neurosurgeon consult. Radiographic imaging reports were not submitted for review. On 11/04/2014, Utilization Review non-certified the requested TENS patches x 2 for the lumbar and thoracic spine. The request was received on 10/29/2014. According to the Utilization Review physician, the injured worker was diagnosed with low back pain. According to cited guidelines, a TENS unit may be considered as a noninvasive conservative option if the patient suffers from post-herpetic neuralgia, diabetic neuropathy, phantom limb pain, CRPS II or spasticity due to MS or a spinal cord injury. The injured worker suffers from none of these conditions and therefore, TENS was not considered reasonable and necessary. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (TENS) patches x2 for the lumbar and thoracic spine. Date of service: 10/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

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

Decision rationale: According to guidelines TENS is used for neuralgia and is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Criteria for usage is Documentation of pain of at least three months duration there is evidence that other appropriate pain modalities have been tried (including medication) and failed 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 A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must

be documentation of why this is necessary. According to the medical records there is no documentation of neuralgia and thus is not medically necessary.