MAXIMUS Federal Services

Case Number:	CM15-0136478		
Date Assigned:	07/24/2015	Date of Injury:	09/28/2012
Decision Date:	08/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 76 year old male, who sustained an industrial injury on 9/28/12. He has reported initial complaints of left elbow and low back injuries. The diagnoses have included lumbar radiculopathy, lumbar stenosis and cervical radiculopathy. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 5/19/15, the injured worker complains of continued low back pain and is ready to proceed with surgery to treat the lumbar radiculopathy that has caused him difficulty in walking long distances as well as compromising his ability to sleep. The physical exam reveals that the gait is slow and he limps with the left leg. There is severe muscle spasm in the lumbosacral musculature. Extension and lateral rotation to the left side will increase the back pain that radiates into the left leg. The straight leg test in the left leg is positive at 30 degrees. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8/13/13 that reveals severe foraminal stenosis causing compression of the left exiting nerve roots and electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities that was consistent with a left radiculopathy with active denervation. The previous physical therapy sessions are noted in the records. The physician requested treatment included purchase/rental of Transcutaneous electrical nerve stimulation (TENS) Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase/rental of TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 116 of 127.

Decision rationale: This claimant was injured in 2012 and the diagnoses have included lumbar Radiculopathy, lumbar stenosis and cervical Radiculopathy. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. As of May 2015, there is low back pain. They are ready to proceed with surgery. The MTUS notes that TENS is 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. Neuropathic pain: Some evidence (Chong, 2003) including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be 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. There was no evidence of such in these records. The request is appropriately not medically necessary.