MAXIMUS Federal Services

Case Number:	CM15-0137027		
Date Assigned:	07/27/2015	Date of Injury:	12/14/2013
Decision Date:	08/25/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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: 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 48 year old male who sustained an industrial injury to his lower back on 12/14/2013 while mopping a large area and twisting his back. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy, facet arthropathy, sacroiliac ligament sprain and chronic pain syndrome. Treatment to date has included diagnostic testing, physical therapy (approximately 18 sessions), lumbar epidural steroid injection and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience low back pain and reports that since the latest lumbar injection he has no further tingling in the lower extremities. Examination of the lumbar spine demonstrated tenderness to palpation of the lumbar paraspinal muscles, left side greater than right side. There was also tenderness noted at the bilateral sacroiliac (SI) joints with a positive Faber bilaterally. Range of motion was limited in all planes with decreased sensation to light touch in the L3 distribution on the left and bilaterally in the L4-S1 distribution. There was documented global weakness of the left lower extremity with resisted hip flexion, knee flexion and extension, ankle plantar and dorsiflexion and great toe dorsiflexion. There were no deficits of the right lower extremity. The injured worker was unable to heel or toe walk. Straight leg raise was negative bilaterally with normal deep tendon reflexes. Current medications are listed as Nucynta, Cyclobenzaprine, Naproxen and Omeprazole. Treatment plan consists of continuing walking for exercise, manual therapy, LidoPro cream and patches, transcutaneous electrical nerve stimulation (TEN's) unit trial and the current request for 2 pairs of (TEN's) patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches #2 pairs: 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 Section Page(s): 114-116.

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, 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, and a treatment plan including specific short and long term goals of treatment. In this case, a prior utilization review recommended to not certify the request for a TENS unit in this injured worker, therefore, there is no indication for the use of TENS unit patches. The request for TENS patches #2 pairs is not medically necessary.