

Case Number:	CM15-0138475		
Date Assigned:	07/28/2015	Date of Injury:	06/13/1999
Decision Date:	08/25/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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 60-year-old female who sustained an industrial/work injury on 6/13/99. She reported an initial complaint of neck pain and lower back pain. The injured worker was diagnosed as having cervical facet syndrome, lumbar facet syndrome, low back pain and cervical pain. Treatment to date includes medication, epidural steroid injection, surgery (radiofrequency neurotomy at L4, 5, S1, cervical facet nerve block), and diagnostics. MRI results were reported on 9/14/11 and 5/13/10. X-ray results were reported on 5/23/11. EMG/NCV (electromyography and nerve conduction velocity test) 10/24/12. Currently, the injured worker complained of increase in pain to neck and lower back rated 5/10 with medication and 9/10 without. Quality of sleep is poor. Per the primary physician's report (PR-2) on 6/30/15, exam revealed an antalgic gait, decreased cervical and lumbar range of motion, loss of cervical and lumbar curves, tenderness and hypertonicity of the cervical and lumbar spine, decreased reflexes and decreased bilateral elbow extensor and motor strength. The requested treatments include 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:

TENS unit: 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 Page(s): 116 of 127.

Decision rationale: This claimant was injured 16 years ago with neck and lower back pain. The injured worker was diagnosed as having cervical facet syndrome, lumbar facet syndrome, low back pain and cervical pain. Currently, the injured worker complained of increase in pain to neck and lower back rated 5/10 with medication and 9/10 without. There is no mention of a TENS trial with successful, functional objective improvement outcomes. 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 not medically necessary and appropriately non-certified.