

Case Number:	CM15-0140852		
Date Assigned:	07/30/2015	Date of Injury:	06/05/2001
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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 64 year old male patient who sustained an industrial injury on June 05, 2001. A recent primary treating office visit dated February 10, 2015 reported the patient having to return the H-wave unit with noted increased pain and reduced function. He states the H-wave unit did have good benefit in temporarily eliminating the pain. He is not taking any Opioids at this time; utilizes Flexeril, Mobic, Lidoderm patches, Omeprazole and Naprosyn along with the H-wave for functional pain control. Diagnostic testing showed electric nerve conduction study done on 08-30-2013 which revealed evidence of moderate to severe bilateral carpal tunnel syndrome with concomitant bilateral C-6 radiculitis. The patient has previously undergone left release on 01-07-2014 and a right release on 02-07-2014. The patient's active problem list consisted of: lumbar stenosis; chronic pain syndrome; lumbar degenerative disc disease; low back pain; cervical stenosis of spinal canal; post laminectomy syndrome, cervical area; degenerative disc disease, cervical; carpal tunnel syndrome, and myalgia and myositis. Previous failed treatment to include: physical therapy session, non-steroidal anti-inflammatory agents, evidence based functional restoration program, transcutaneous nerve stimulator unit, and home exercise program. The patient is permanent and stationary. There is standing recommendation to utilize an H-wave unit in managing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit; (DOS 06/16/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-121.

Decision rationale: The patient presents on 06/09/15 with lower back pain rated 7/10 without medications with associated lumbar spasms and numbness in the bilateral lower extremities. The patient's date of injury is 06/05/01. Patient is status post left hand carpal tunnel release on 01/07/14 and right hand carpal tunnel release on 02/07/14. The request is for TENS UNIT; (DOS 06/16/2015). The RFA was not provided. Physical examination dated 06/09/15 reveals decreased patellar and achilles deep tendon reflexes bilaterally, tenderness to palpation of the lumbar paraspinal muscles at L4-L5 and L5-S1, and decreased sensation in the S1 dermatomal distribution bilaterally. The provider also notes positive straight leg raise test bilaterally. The patient is currently prescribed Omeprazole, Naproxen, Cyclobenzaprine, Gabapentin, a topical compounded cream, Lidoderm patches, Atenolol, Lisinopril, Lovastatin, and Meloxicam. Diagnostic NCV dated 08/30/13 of the BLE reveals "evidence of moderate to severe bilateral carpal tunnel syndrome with concomitant bilateral C6 radiculitis." Patient is currently classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, Criteria for the use of TENS states: "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." In this case, the provider is requesting a TENS unit for this patient's continuing lower back and wrist pain. According to the documentation provided, this patient was previously issued an H-wave unit to good effect, though it is not clear whether the unit stopped functioning. The provider initiated a trial of a TENS unit per DME request on 04/15/15. Addressing the efficacy of this trial, progress note dated 06/09/15 has the following: "The patient reports that he did receive his TENS unit. He feels as though it has been helpful for his pain. He is able to sleep better if he is having a lot of spasms. He puts this on his back and this helps break up spasms." MTUS guidelines require a 30 day trial of a TENS unit prior to purchase with documented efficacy. In this case, evidence of a successful trial has been provided and the purchase of a unit is substantiated. The request IS medically necessary.