

Case Number:	CM15-0145118		
Date Assigned:	08/06/2015	Date of Injury:	02/19/2001
Decision Date:	09/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55-year-old male who sustained an industrial injury on 2-19-01. Diagnoses are chronic pain other, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, status post fusion lumbar spine, osteoarthritis left wrist, arthritis, left wrist, gastroesophageal reflux disorder, insomnia, chronic diarrhea resulting post anterior lumbar fusion, and left wrist neuropathic pain. In a progress report dated 7-14-15, a treating physician notes neck pain with spasms, bilateral headaches, thoracic back pain with radiation down the lower extremities, abdominal pain, groin pain, insomnia, chronic diarrhea and medication associated gastrointestinal upset. Pain is rated at 8 out of 10 with medications and 10 out of 10 without medications. Spinal vertebral tenderness is noted in the cervical spine at C5-7 and range of motion is moderately to severely limit due to pain. There is decreased sensation in the bilateral upper extremities and the affected dermatome is C5-C7. There is spasm noted in the lumbar paraspinal musculature and tenderness to palpation in bilateral paravertebral areas of L4-S1 levels. Range of motion is decreased and painful. He has developed opiate tolerance due to long-term use. Weaning of opioid medications has been unsuccessful. A urine drug screen on 7-29-14 showed no inconsistency. Current medications are Opana ER, Trazadone, Lidoderm Patch, Norco, Gabapentin, Pantoprazole, Tizanidine, Zolpidem Tartrate, Celecoxib, Lomotil, and Capsaicin Cream. He is noted as permanent and stationary and is currently not working. Previous treatment noted includes 11 sessions of acupuncture, medication, cervical epidural 1-22-14 and 4-28-15, and L3-L5 Facet Radiofrequency Rhizotomy 10-14-15. The requested treatment is an Interferential Unit with supplies including leads, pads and batteries.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit with supplies including leads, pads and batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: MTUS states regarding TENS unit, "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." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention. Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program. Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. Ankle and foot: Not recommended. Elbow: Not recommended. Forearm, Wrist and Hand: Not recommended. Shoulder: Recommended for post-stroke rehabilitation. Medical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis. ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above): (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. (6) After a successful 1- month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request for IF unit with supplies including leads, pads and batteries is not medically necessary.