

Case Number:	CM15-0166728		
Date Assigned:	09/04/2015	Date of Injury:	03/25/2014
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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, Hawaii

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 46 year old female, who sustained an industrial injury on March 25, 2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical disc bulge at cervical six to seven, multilevel disc bulges of the lumbar spine per magnetic resonance imaging, right hand numbness, right lower extremity radicular pain, right lumbar five radiculopathy, bilateral mild carpal tunnel syndrome, right Achilles tendon insertional tendinitis and plantar fasciitis, and disc protrusion at thoracic three to four per magnetic resonance imaging. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the lumbar spine, and magnetic resonance imaging of the thoracic spine. In a progress note dated July 28, 2015 the treating physician reports complaints of persistent pain to the neck that radiates to the shoulder, pain to the mid back, and pain to the low back that radiates to the left leg. Examination reveals decreased range of motion to the cervical spine, tenderness to the cervical paraspinal muscles, positive straight leg raises bilaterally, decreased range of motion to the right ankle, weakness to the right foot, and tenderness to the Achilles tendon, plantar fascia, and heel. The injured worker's pain level to the neck and mid back was rated a 4 out of 10 and the pain level to the low back was rated a 5 out of 10 which was noted to decrease to a 2 with the use of her medication regimen. The treating physician requested a 30 day trial of a transcutaneous electrical nerve stimulation unit to allow the injured worker to keep working, increase her function, and decrease her pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day Trial TENS Unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with neck and lower back pain. The current request is for 30 day trial TENS unit. The treating physician's report dated 07/28/2015 (12B) states, "Today, I would like to request authorization for a 30 day trial of TENS Unit in an attempt to keep her working, increase her function and decrease her pain." The patient is currently working. The MTUS guidelines pages 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-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. In this case, the MTUS guidelines support a 1 month home based trial to determine its efficacy in terms of pain reduction and functional improvement. The current request is medically necessary.