

Case Number:	CM15-0182789		
Date Assigned:	09/23/2015	Date of Injury:	01/26/2006
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male who sustained an industrial injury on 01-26-2006. According to a progress report dated 08-18-2015, the injured worker reported pain in the lumbar spine that was rated 7 on a scale of 1-10 which was noted as the same as his last visit. He took Lyrica and Ibuprofen which helped the pain. He was currently working in the same occupation. Examination of the cervical spine revealed tenderness over the midline. There was tenderness and hypertonicity noted over the paraspinal musculature. There was asymmetrical loss of range of motion. Compression and Spurling's test were positive. Examination of the lumbar spine revealed tenderness over the midline. There was tenderness and hypertonicity noted over the paraspinal musculature. There was asymmetrical loss of range of motion. Straight leg raise test was positive in both lower extremities. Diagnoses included a 4 millimeter lumbar disc herniation with multilevel disc bulging and lower extremity radicular pain, chronic cervical strain, bilateral shoulder rotator cuff syndrome, bilateral knee strain, bilateral knee patellofemoral syndrome, history of cervical cord injury with temporary paralysis, bilateral ankle and foot pain, sleep and psyche issues, high blood pressure, internal medicine issues and neurological issues, history of deep vein thrombosis and four level lumbar spine fusion from L3 through S1. The provider noted that the injured worker continued with "significant" neuropathic pain and recommended a 30 day trial of a TENS unit. The injured worker reported hot, burning pain, pricking, tingling, pins and needles as well as numbness. A prescription was written for Lyrica. Authorization was also being requested for a neurologist follow up next month regarding neuropathic issues. An authorization request dated 08-21-2015 was submitted for review. The requested services included neurologist follow up regarding neuropathic issues, Lyrica 75 mg #60 and a TENS unit.

On 09-02-2015, Utilization Review non-certified the request for a TENS unit and authorized the request for a follow up with a neurologist and Lyrica 75 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. I respectfully disagree with the UR physician's assertion that appropriate pain modalities including pain medication have not been failed. It is noted that the injured worker has been taking Lyrica and Ibuprofen with improvement in his pain. Per progress report dated 7/2/15 it was noted that he reported improvement in his pain level from 9-10/10 to 6-7/10 after taking medication. Per progress report dated 8/5/15 pain was rated 7/10. TENS unit trial is indicated for the injured worker's moderate-severe pain. The request is medically necessary.