MAXIMUS Federal Services

Case Number:	CM15-0182820		
Date Assigned:	09/30/2015	Date of Injury:	05/28/1998
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
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
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 49-year-old male, with a reported date of injury of 05-28-1998. The diagnoses include lumbar degenerative disc disease, bilateral shoulder arthropathy, bilateral sacroiliitis, failed back surgery syndrome of the lumbar spine, and low back pain. Treatments and evaluation to date have included Oxycontin, OxyContin, Hydromorphone, Baclofen, Lidoderm patch, Valium, Wellbutrin, Duexis, ThermaCare heat packs, posterior lumbar division nerve blocks on 04-28-2015, physical therapy, and a TENS (transcutaneous electrical nerve stimulation) unit. The diagnostic studies to date have not been included in the medical records provided. The medical report dated 08-04-2015 indicates that the injured worker complained of right leg pain, buttock pain, groin pain, low back pain, and right shoulder pain. He rated his pain level 8 out of 10 at its worst; 7 out of 10 at is least; and 7 out of 10 on average. The injured worker reported that his pain was increasing, and that the "blocks have worn off". On 06-03-2015, the injured worker rated his pain level 7 out of 10 at its worst; 4 out of 10 at its least; and 6 out of 10 on average. It was noted that when the nerve blocks wore off, the injured worker used the TENS unit more regularly. He continued to have tenderness around the unit itself, and the injured worker wanted to have it taken out. A specialist recommended to keep the unit in and suggested that the injured worker undergo SI (sacroiliac) joint fusion surgery. It was noted that the injured worker underwent an MRI of the lumbar spine on 08-19-2014, which showed disc displacement at L2-3, posterior annular tearing and a bulging disc at the posterolateral aspects, and ligamentum flavum hypertrophy. It was noted that the injured worker used the TENS unit 5 days a week for 30-90 minutes a few times a day. The objective findings include mild distress,

an antalgic and stiff gait; positive bilateral extremity figure 4 maneuvers with radiation of pain from the SI joint to the hips and into the bilateral groin; loss of normal lumbar curvature; tight, ropy, and spasmed paraspinal muscles; sensitivity to light touch at the lumbar region; and limited lumbar range of motion on all planes with pain. The request for authorization was dated 08-28- 2015. The treating physician requested the purchase of TENS unit supplies (four premium electrodes, vitamin E times two, 9 volt alkaline battery, adhesive removal pads, and skin prep).On 09-03-2015, Utilization Review (UR) non-certified the request for the purchase of TENS unit supplies (four premium electrodes, vitamin E times two, 9 volt alkaline battery, adhesive removal pads, and skin prep).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit supplies (prem elec 2" rdx 4, lotion, vitamin Ex2, battery 9v 12pk Alkaline, adh remove pads x1 and skin prep x 1): Upheld

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 was injured on 05/28/98 and presents with right leg pain, buttock pain, groin pain, low back pain, and right shoulder pain. The request is for a purchase of TENS unit supplies (prem elec 2" rdx 4, lotion, vitamin Ex2, battery 9V 12PK alkaline, ADH remove pads X1 and skin prep X 1). The RFA is dated 08/28/15 and the patient's current work status is not provided. MTUS Guidelines, Transcutaneous Electrotherapy section, page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient is diagnosed with lumbar degenerative disc disease, bilateral shoulder arthropathy, bilateral sacroiliitis, failed back surgery syndrome of the lumbar spine, and low back pain. The reason for the request is not provided. The 08/04/15 report states that when the patient's nerve "blocks are wearing off, patient utilizes TENS unit with more regularity. I have gotten relief like I got from the trial." He mostly keeps the unit turned off. Although the patient has had prior use of the TENS unit, there is no evidence of a one month trial as indicated by MTUS guidelines. There is no discussion provided regarding how the prior TENS use impacted the patient's pain and function. Therefore, the requested TENS unit is not medically necessary.