

Case Number:	CM15-0186244		
Date Assigned:	09/28/2015	Date of Injury:	01/20/2015
Decision Date:	11/12/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/22/2015

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 (n) 46 year old female, who sustained an industrial injury on 1-20-15. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculopathy, lumbar disc herniation with stenosis and lumbar facet arthropathy. The physical exam (3-5-15 through 3- 20-15) revealed 8-9 out of 10 pain in her low back, legs and upper back, decreased cervical and lumbar range of motion and "decreased sensation in the right C5 dermatomes and the right L4 and S1 dermatomes. Treatment to date has included physical therapy x at least 11 sessions started on 6-3-15, chiropractic treatments x 4 sessions ("caused pain in groin"), Tylenol, Norco and Tylenol #3. As of the PR2 dated 5-26-15, the injured worker reports radiation of pain and numbness down both legs to feet. She indicated she has difficulty walking due to her symptoms and can only walk about 10 minutes and then has severe pain. Objective findings include decreased cervical and lumbar range of motion and decreased sensation in the right C5 dermatomes and the right L4 and L5 dermatomes. The treating physician requested a TENS unit for the lumbar spine-30 day trial. The Utilization Review dated 9-8-15, non-certified the request for a TENS unit for the lumbar spine 30-day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for the lumbar spine- 30 day trial: 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 46 year old patient complains of lower back pain along with radiating pain and numbness to bilateral legs and feet, left arm pain, left lower leg pain, and sleep issues, as per progress report dated 05/26/15. The request is for TENS UNIT FOR THE LUMBAR SPINE 30-DAY TRIAL. There is no RFA for this case, and the patient's date of injury is 01/20/15. The patient rates the pain at 9/10, as per progress report dated 05/26/15. Diagnoses included cervical radiculopathy, lumbar radiculopathy, lumbar disc herniation with myelopathy, and lumbar facet arthropathy. The patient is not working, as per the same progress report. For TENS unit, MTUS chronic pain guidelines 2009, on page 116 and Transcutaneous Electrotherapy section, require: (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) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. In this case, none of the progress reports discusses the request. The patient continues to have pain in spite of conservative treatments in form of physical therapy, medications and chiropractic care. MTUS does support a 30-day trial of the TENS unit in patients with chronic pain. Subsequent use will depend on the impact of the trial on the patient's pain and function. The request for trial, therefore, IS medically necessary.