

Case Number:	CM15-0189335		
Date Assigned:	10/01/2015	Date of Injury:	07/26/2013
Decision Date:	11/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/25/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 48 year old male, who sustained an industrial injury on 7-26-2013. The injured worker was being treated for lumbar disc injury with L4-5 (lumbar 4-5) fusion with L5-S1 (lumbar 5-sacral 1) disc degeneration, back pain, and radiculopathy. On 9-11-2015, the injured worker reported continued incisional discomfort in the lumbosacral region bilaterally. He had undergone lumbar spine surgery on 6-17-2014. He reported ongoing lumbar spine discomfort with weakness and paresthesias affecting the first through third toes of the left foot. He reported bilateral heel pain, bilateral distal Achilles discomfort, and aching pain of the knees. His medications partially address his pain. The physical exam (9-11-2015) revealed significant paraspinal tenderness left and right of the midline from L3 to sacrum and firm palpation at L3-4 through L5-S1 levels reproduced a significant component of his baseline pain. The left foot exam revealed left extensor hallucis longus weakness, intact bilateral dorsiflexion, and pain on palpation of the bilateral distal Achilles tendon with retrocalcaneal discomfort on palpation, left greater than right. There was decreased sensation in the left foot first through third toes. Surgeries to date have included L3-L5 (lumbar 3-lumbar 5) decompression with L4-L5 arthrodesis in 2010, and bilateral hemilaminectomies, medial facetecomies, and subarticular decompression at L3-L4 and L4-S1, posterolateral fusion at L5-S1, posterior segmental internal fixation at bilateral L5-S1, and removal of posterior segmental internal fixation at bilateral L5-sacral 1 on 6-17-2015. Treatment has included work modifications, cervical epidural steroid injections, and medications including short-acting and long-acting pain, muscle relaxant, antidepressant, sleep, and non-steroidal anti-inflammatory. Per the treating physician (9-11-2015

report), the injured worker is to remain temporarily totally disabled. On 9-15-2015, the requested treatments included a transcutaneous electrical nerve stimulation (TENS) unit for 6 months. On 9-24-2015, the original utilization review non-certified a request for a transcutaneous electrical nerve stimulation (TENS) unit for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (in months) Qty: 6: 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: Guidelines state that TENS unit is not recommended as a primary treatment modality but a one month home based trial may be considered if used as an adjunct to a program of functional restoration for neuropathic pain. In this case, the patient is more than one-month post op and there is no documented neuropathic pain. The request for TENS for 6 months is not medically appropriate and necessary.