

Case Number:	CM15-0192242		
Date Assigned:	10/06/2015	Date of Injury:	03/14/2005
Decision Date:	11/13/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/30/2015

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: Preventive Medicine, Occupational 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 42 year old male, who sustained an industrial-work injury on 3-14-05. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), lumbar degenerative joint disease (DJD), status post laminectomy and fusion, and depression related to pain. Treatment to date has included pain medication, lumbar surgery 2006, lumbar fusion 2011, psyche care, lumbar epidural steroid injection (ESI) times 3, lumbar brace, diagnostics, physical therapy, trial of Transcutaneous electrical nerve stimulation (TENS) with benefit, trialed aqua therapy (unknown amount) with benefit, home exercise program (HEP) and other modalities. The physician indicates that Magnetic Resonance Imaging (MRI) of the lumbar spine dated 11-4-08 reveals left central bulging of the annulus at L5 and S1 below the central disc level significantly impinges on the left S1 nerve root. Medical records dated (6-10-15 to 9-16-15) indicate that the injured worker complains of chronic low back pain since 3-14-05. The pain is rated 7-8.5 out of 10 on the pain scale without medications and 4-5 out of 10 with medications. This is unchanged from previous visits. The current medications include Robaxin, Ambien and Percocet. The medical records indicate worsening of the activities of daily living (ADL). The work status is permanent and stationary per the medical record dated 6-10-15. The physical exam dated 9-16-15 reveals that the injured worker has antalgic and slowed gait. There is hypertonicity and tenderness to palpation of the paravertebral muscles in the lumbar spine. The straight leg raise is positive on the right side. The physician indicates that he would recommend a new lumbar Magnetic Resonance Imaging (MRI) as the injured worker has new neurological findings and complaints

with new weakness on the left side and transcutaneous electrical nerve stimulation (TENS) to address pain complaints and avoid medication escalation. The request for authorization date was 9-17-15 and requested service included Purchase of a Transcutaneous electrical nerve stimulation (TENS) Unit with supplies for the lumbar spine. The original Utilization review dated 9-23-15 non-certified the request for Purchase of a Transcutaneous electrical nerve stimulation (TENS) Unit with supplies for the lumbar spine as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a TENS Unit with supplies for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines are very specific with the recommendations that a 30 day trial is recommended before purchase of a TENS unit. During this trial period there needs to be specific documentation regarding use patterns, amount of pain relief, impacts on function and impacts medication use. These standards have not been met at this time. There is mention of prior use with benefit, but there is no documentation that comes close to meeting the Guideline recommended objective measures of benefits to justify purchase of such a unit. At this point in time, the request for Purchase of a TENS Unit with supplies for the lumbar spine is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to Guideline recommendations.