

Case Number:	CM15-0201472		
Date Assigned:	10/20/2015	Date of Injury:	01/10/2013
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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 58 year old male, who sustained an industrial injury on 01-10-2013. A review of the medical records indicates that the worker is undergoing treatment for lumbosacral radiculopathy and thoracic or lumbosacral neuritis or radiculitis. Subjective complaints (04-09-2015, 08-05-2015, 09-10-2015) included severe low back pain radiating to the left lower extremity and severe left ankle pain with swelling, numbness and tingling. Objective findings (04-09-2015, 08-05-2015, 09-10-2015) included spasms of the lumbar paraspinal and gluteal muscles, painful and decreased range of motion, inability to toe walk or heel walk, tenderness of the sacroiliac joints, loss of sensation in the L5 nerve distribution on the left, decreased muscle strength to left plantar and dorsiflexion and right plantar and dorsiflexion and left knee extension, positive anterior posterior drawer sign of the left ankle, dragging of the left foot and difficulty standing from a seated and sitting from a standing position. Treatment has included Advil and lumbar support. Updated x-rays of the lumbar spine were noted to show anterolisthesis of L4 on L5 with loss of disc space at L4-L5 and L5-S1 and lipping at endplates of these levels and updated x-rays of the left ankle were noted to show degenerative changes within the ankle mortise and a heel spur. The physician noted that transcutaneous electrical nerve stimulator (TENS) unit was being requested for night time pain relief. There was no documentation that a TENS trial had been completed and the duration of time over which the TENS unit was being requested was not specified. A utilization review dated 09-18-2015 non-certified a request for TENS unit for lumbar spine and left foot-ankle (unknown if rental or purchase) and modified for one month trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for lumbar spine and left foot/ankle (unknown if rental or purchase): 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: Review indicates the request for TENS unit was modified for a one-month trial period. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain for diagnosis such as neuropathy or CRPS of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics, extensive therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired for this January 2013 injury. There is no documentation on how or what TENS unit is requested, previous trial of benefit if any, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS unit for lumbar spine and left foot/ankle (unknown if rental or purchase) is not medically necessary and appropriate.