

Case Number:	CM15-0202652		
Date Assigned:	10/20/2015	Date of Injury:	01/02/2007
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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 50 year old female, who sustained an industrial injury on 01-02-2007. She has reported injury to the low back. The diagnoses have included chronic low back pain; lumbar degenerative disc disease, status post L4-S1 discectomy and fusion; left lumbosacral radiculopathy; and pain-related insomnia. Treatment to date has included medications, diagnostics, activity modification, TENS (transcutaneous electrical nerve stimulation) unit, and surgical intervention. Medications have included Norco, Valium, Colace, and Senna. A progress report from the treating physician, dated 09-10-2015, documented a follow-up visit with the injured worker. The injured worker reported that she is still experiencing urinary leakage incontinence; it has improved somewhat although it still occurs to some degree; the low back pain is rated as 7 out of 10 in intensity without her medications; the pain is rated as 4 out of 10 in intensity with her medications; and she notes approximately 40% improvement in her pain and spasm with the use of her pain and muscle relaxant medications. It is also reported that she uses her TENS unit during flare-ups and receives about a 30% improvement in pain that lasts 1-2 hours. Objective findings included tenderness to palpation in the left lower thoracic paraspinal region approximately at the T10-12 levels; tenderness to palpation overlying the lumbar spine, although no lumbar paraspinal tenderness is noted; seated straight leg raise is slightly positive on the left; left long toe extension is 4+ out of 5; sensation to light touch was reduced diffusely throughout the left lower extremity; and the urine studies of 04-23-15 were consistent with her medication regimen. The treatment plan has included the request for six month supply of TENS unit supplies; and Valium 5mg twice a day as needed #40. The original utilization review, dated

09-16-2015, non-certified the request for six month supply of TENS unit supplies; and Valium 5mg twice a day as needed #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six month supply of TENS unit supplies: Overturned

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): Transcutaneous electrotherapy.

Decision rationale: MTUS Guidelines allow for TENS unit use if there is reasonable documentation of continued benefits. There is documentation of ongoing TENS use during flare-ups with meaningful pain relief lasting for a few hours. This individual has been utilizing a TENS unit long term with these reported benefits. Guidelines have very specific criteria for TENS use during a 30 day trial period, but beyond this trial period the Guideline are somewhat silent on longer term use. Under these circumstances, the documentation of ongoing use and benefits is adequate to support the request for renewal of the supplies. The Six month supply of TENS unit supplies is medically necessary.

Valium 5mg BID PRN #40: 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): Benzodiazepines.

Decision rationale: MTUS Guidelines do not support the long-term use of Benzodiazepines beyond a few weeks. This recommendation applies for use of the class of drugs for pain relief and/or any derivative issues of chronic pain such as muscle spasm, anxiety, or insomnia. There are no unusual circumstances to justify an exception to the Guideline recommendations. The Valium 5mg BID PRN #40 is not supported by Guidelines and is not medically necessary.