

Case Number:	CM15-0021441		
Date Assigned:	02/11/2015	Date of Injury:	03/20/2013
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/04/2015

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: 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 62 year old male, who sustained an industrial injury on 3/20/2013. The mechanism of injury was not noted. The diagnoses have included sprain of lumbosacral (joint) (ligament) and depression. Treatment to date has included conservative measures. Currently, the injured worker complains of continued pain in the neck, low back, and left knee. His pain was rated "4". Neck pain radiated to the left upper extremity and was accompanied by numbness and tingling. Medication helped to control pain over 50% and he tried to walk about one hour every day. Pain medications included Hydrocodone, Cyclobenzaprine, and anti-inflammatory medication. Objective findings included an antalgic gait, abnormal reflexes, and decreased range of motion to the cervical and lumbar spines and left knee. Tenderness to palpation and spasms were noted to the paraspinal muscles. He continued to use transcutaneous electrical nerve stimulation unit. He was alert and oriented and was awaiting psychiatry evaluation. Qualified Medical exam, dated 10/06/2014, referenced diagnostic reports. X-ray of the lumbosacral spine (6/20/2013) showed L5-S1 spondylolisthesis and narrowing of L5-S1 interspace. Electromyogram and nerve conduction studied of bilateral lower extremities (8/03/2013) were consistent with bilateral lumbar radiculopathy, involving L4 and L5 nerve roots. Magnetic resonance imaging findings were not noted. On 1/20/2015, Utilization Review non-certified a request for transcutaneous electrical nerve stimulation patches x2 pairs for purchase, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches x2 pairs (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS(Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome(CRPS) pain. Patient has a diagnosis of back pain. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1month trial of TENS in documentation provided. Patient has been using TENS for at least 6months with no documentation of any improvement in pain or function. Patient does not meet criteria for use of TENS therefore TENS patches is not medically necessary.