

Case Number:	CM15-0211701		
Date Assigned:	10/30/2015	Date of Injury:	05/21/2013
Decision Date:	12/14/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 61 year old male who sustained an industrial injury May 21, 2013. Past treatment included physical therapy, analgesic medications, and consultations with pain management, internal medicine and a psychologist. According to a primary treating physician's progress report dated August 7, 2015, the injured worker presented for follow-up with persistent pain in the lumbar spine, rated 8 out of 10 with radiation down the left leg with weakness and numbness and muscle spasms. He reported Norco brings his pain down to a 5-6 out of 10, allowing ambulation for 40 minutes as opposed to 20. He reports the pain is worse with therapy, work, and activities. Objective findings included 5'11" and 210 pounds; cervical spine-decreased range of motion, compression test positive, positive Spurling's on the left, decreased strength and sensation left C5, C6, C7 and C8, normal on the right; lumbar spine decreased range of motion, positive Kemp's bilaterally, positive straight leg raise, right, decreased strength and sensation at 4 out of 5 at L4, L5 left, normal right; bilateral shoulders- decreased range of motion, impingement signs positive bilaterally. Diagnoses are acute cervical strain, rule out disc herniation; lumbar multilevel disc disease with discs per MRI July 3, 2013; rule out lower extremity radiculopathy; electrodiagnostic evidence of left active L5 radiculopathy; multilevel disc disease with moderate to severe left neuroforaminal stenosis C5-C6 per MRI July 7, 2015. At issue is a request for authorization for a 3 month TENS (transcutaneous electrical nerve stimulation) supplies and 3 months extension of TENS-EMS (electronic muscle stimulation) unit. According to utilization review dated October 14, 2015, requests for a 3 month TENS supplies for the cervical and

lumbar spine and a 3 month extension of TENS-EMS unit for the cervical and lumbar spine were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Months extension of TENS/EMS unit for the cervical and lumbar: 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: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use extended a month trial period and response to use is unknown. The request for a TENS unit for 3 months is not medically necessary.

3 Month TENS supplies for cervical and lumbar spine: 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: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Since the TENS unit is not recommended as noted above, its supplies are not indicated for 3 months as well. Therefore, the requested treatment is not medically necessary.