

Case Number:	CM15-0211931		
Date Assigned:	11/02/2015	Date of Injury:	02/18/2003
Decision Date:	12/16/2015	UR Denial Date:	10/16/2015
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: 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:

This 53 year old woman sustained an industrial injury on 2-18-2003. Diagnoses include lumbar spine surgeries, lumbar disc herniations, lumbar radiculopathy, lumbar disc disease, and intractable low back pain. Treatment has included oral medications. Physician notes dated 9-10-2015 show complaints of low back pain rated 6.5 out of 10 with radiation down the right leg. The physical examination shows an antalgic gait with difficulty performing a heel-toe walk. Tenderness is noted with palpation of the lumbar paravertebral muscles with bilateral sacroiliac and facet tenderness from L4 to S1. Nerve root compression testing is positive at the sciatic notch and with Kemp's test and straight leg raise is positive seated at 70 degrees on the right and 50 degrees on the left and supine at 60 degrees on the right and 40 degrees on the left. Recommendations include permanent spinal cord stimulator, Percocet, Neurontin, Tizanidine, Prilosec, Naprosyn, Oxycontin, urine drug screen, and follow up in two months. Utilization Review denied requests for three month supply of electrodes, batteries, adhesive remover, and lead wires on 10-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month supply DME (durable medical equipment): Electrodes x 12 packages, batteries (36 items), adhesive remover (48 items), lead wires 2 packages plus shipping: 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: Based on the 9/10/15 progress report provided by the treating physician, this patient presents with sharp, dull, and achy lumbar spine pain radiating down to the right leg with burning and pins/needles sensation rated 6.5/10 on a pain scale. The treater has asked for 3 month supply DME (durable medical equipment) electrodes X 12 packages, batteries (36 items), adhesive remover (48 items), lead wires 2 packages plus shipping but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient's pain is unchanged from prior visit per 9/10/15 report. The patient is s/p L5-S1 interbody fusion of unspecified date, and is also s/p hardware removal and subsequent replacement with anterior fusion (first lumbar spine fusion was post). The patient is s/p CT scan from 8/1/15 which showed post-surgical changes identified at L5-S1 at L4-5, there was a 2.7mm posterior disc bulge per 9/10/15 report. The patient is currently walking with a cane with a limping gait favoring the right side per 6/11/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." This patient presents with lumbar spine radiating into the lower extremity pain. The treater has asked for 3 months supplies of electrodes, batteries, and lead wires to use with a TENS unit. Utilization review letter dated 10/16/15 denies request due to lack of a trial. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient does not have a diagnosis of Neuropathic pain, Phantom limb pain, CRPS, Spasticity or Multiple sclerosis. In addition, this request is for 3 month's worth of supplies for a TENS unit, but there is no documentation that the patient had a prior trial of a TENS unit. The requested 3 month's supplies of electrodes, batteries, and lead wires to use with TENS unit is not indicated at this time. Hence, the request is not medically necessary.