

Case Number:	CM15-0216796		
Date Assigned:	11/06/2015	Date of Injury:	01/17/2011
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/03/2015

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, Hawaii
 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 61 year old female, who sustained an industrial injury on 1-17-01. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post laminectomy-spinal fusion L4-L5 and L5-S1; physical therapy; medications. Currently, the PR-2 notes dated 10-8-15 indicated the injured worker complains of low back pain. The provider notes she was last seen on 9-10-15 and the injured worker reports she has been having severe increased sciatica down the right leg. She reports it goes down the back of her thigh to the whole calf down her leg and interfering with her ability to walk. She has not been able to ride her exercise bike which she was able to ride 3 miles a day, but due to flare-ups, she no longer has been able to do this. Before, she reports, she was doing well with medications taking her pain from "9 out of 10 down to a 3 out of 10 and allowing her to stay active, but struggling at this time". She reports this has been going on for the last 3 weeks. Medications are listed as: Norco 10-325mg on 4x a day, Cymbalta 30mg 1 a day; Neurotin 300mg 1 three times a day and Tizanidine 4mg twice a day. The provider notes objective findings as "Patient has a positive straight leg raise on the right in a seated position and radiates pain down the posterolateral thigh and it appears to be the whole medial posterior and the lateral aspect of the calf to the foot." The provider reviews a lumbar spine x-ray dated 7-31-15 revealing "shows the postoperative changes are stable compared to previous CT scans from 2013. There was a slight increase in anterolisthesis on L5 on S1 from 5mm to 7mm. Old compression fractures are unchanged." The provider's treatment plan includes a request for physical therapy x6 sessions for the "flare-up" and a TENS unit trial for "3 days". He notes if this is not authorized the injured

worker will need to go back to the surgeon who performed the L4-L5 and L5-S1 fusion. A Request for Authorization is dated 11-3-15. A Utilization Review letter is dated 10-29-15 and non-certification for TENS unit (trial) x 30 days, related to degenerative joint disease of the lumbar spine, as an outpatient. A request for authorization has been received for TENS unit (trial) x 30 days, related to degenerative joint disease of the lumbar spine, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (trial) x 30 days, related to degenerative joint disease of the lumbar spine, as an outpatient: Overturned

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: The records indicate that the patient has complaints of chronic low back pain. The records indicate she is having a recent flare up including pain in the right lower extremity. The current request for consideration is a Tens unit trial x 30 days, related to DJD of lumbar spine, as an outpatient. The attending physician report dated 10/8/15, states "she could also benefit from a trial of a TENS unit for the neuropathic pain. Please authorize a TENS unit for 30 days. If the carrier is not able to authorize therapy or the TENS unit, we will need to get her back to see [REDACTED] who performed the L4-L5 and L5-S1 fusion." Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. The MTUS recommends this treatment modality for neuropathic pain including diabetic neuropathy and postherpetic neuralgia as well as CRPS II. In this case, the patient is having low back pain with pain referral into the right lower extremity. There is no documentation of a prior trial of TENS for this patient. The current request is medically necessary.