

Case Number:	CM15-0039705		
Date Assigned:	03/09/2015	Date of Injury:	01/12/2008
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 60 year old female who sustained an industrial injury on 1/12/08. She currently complains of persistent left knee pain and low back pain with radiation down the left leg. No current pain assessment was available. Her medications include Oxycontin and Percocet which are helpful in managing her pain; ompeprazole; Cymbalta; Flector; doxepin; Ultram ER and Flexaril. Diagnoses include post-laminectomy syndrome, lumbar region; status post L4-5 lumbar fusion/ revision; status post lumbar revision, hardware removal; acquired spondylolisthesis; thoracic/ lumbosacral neuritis/ radiculitis; lumbar disc herniation; scaroiliitis; lumbar sprain/ strain, post laminectomy syndrome cervical region; displacement of cervical intervertebral disc without myelopathy; cervical spondylosis without myelopathy; degeneration of the cervical intervertebral disc; anxiety and depression. Treatments to date include medications, and transcutaneous electrical nerve stimulator unit which has been helpful but is malfunctioning. Diagnostics include MRI of the lumbar spine (4/30/13) with abnormal results and (6/17/13); electrodiagnostic studies (4/17/13). In the progress note dated 2/2/15 the treating physician's treatment plan included a request for replacement transcutaneous electrical nerve stimulator unit as the injured worker found it to be beneficial in controlling her low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit replacement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, and previous TENS use yet the patient has remained symptomatic and functionally impaired. There is documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The TENS Unit replacement is not medically necessary and appropriate.