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| Case Number: | CM15-0041433 | | |
| Date Assigned: | 03/11/2015 | Date of Injury: | 12/10/2012 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 03/04/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 40 year old female, who sustained an industrial injury on 12/10/12. She has reported initial complaints of a low back injury. The diagnoses have included lumbago, lumbar radiculopathy and lumbar degenerative disc disease (DDD). Treatment to date has included medications, activity modifications, diagnostics, lumbar epidural steroid injection (ESI), physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note neurosurgery follow up note dated 10/9/14, the injured worker complains of severe back pain and bilateral leg pain which has worsened. The physical exam reveals that she is in obvious distress and discomfort. She required the assistance of two people to get her up into a sitting position. The light touch sensation is diminished on the left side. The gait testing demonstrates 14 inch base with 10 inch stride. She requires the aid of her husband to ambulate down the hallway. The current medication includes Demerol. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 6/7/13 reveals disc protrusion and degenerative joint disease (DJD) of the facet joints. The physician noted that her recent Magnetic Resonance Imaging (MRI) of the lumbar spine re-demonstrate a disc herniation and stenosis with suggestion of spondylolisthesis. He notes that she has a new finding of herniated disc on the left side. The physician notes that she now wishes to proceed with surgery. The physician requested treatment included transcutaneous electrical nerve stimulation (TENS) unit quantity of 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

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

Decision rationale: TENS unit Qty: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The MTUS states that a TENS unit can be used for post operative pain in the first 30 days post-surgery and rental is recommended. The documentation does not reveal evidence of a one month trial of a TENS unit with how often the unit was used and the efficacy in regards to pain relief and function. For postoperative use the MTUS recommends rental over purchase and only to be used in the first 30 days. The patient does not meet the MTUS criteria for a TENS unit therefore this request is not medically necessary.