

Case Number:	CM15-0047282		
Date Assigned:	03/19/2015	Date of Injury:	01/07/2014
Decision Date:	04/24/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old female who sustained a work related injury January 7, 2014. While performing usual duties, examining computer parts; she developed low back pain with some numbness sensation affecting the left leg. According to a primary treating physician's progress report, dated February 23, 2015 (some handwritten documentation not legible to this reviewer), the injured worker presented with continued pain in the lower back and left leg numbness. She has undergone physical therapy and continues with medications with benefit. Diagnoses checklist is documented as chronic myofascial pain syndrome; chronic lumbar spine strain; chronic lumbosacral radiculopathy. Treatment plan included refill medication, TENS unit, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of transcutaneous electrical nerve stimulation (TENS), chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), (2) Transcutaneous electrotherapy Page(s): 114, 121.

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for low back pain with left lower extremity radicular symptoms. The requesting provider documents benefit when using TENS during physical therapy treatments. A trial of home-based TENS use is not documented. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Therefore the requested TENS unit purchase was not medically necessary.

Lidocaine patches 5%, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). (2) Topical Analgesics Page(s): 56-67, 111-113.

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for low back pain with left lower extremity radicular symptoms. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.