

<b>Case Number:</b>	CM15-0050565		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	11/28/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 51 year old female, who sustained an industrial injury on November 28, 2006. She has reported lower back pain, headache, memory issues and concentration issues. Diagnoses have included lumbar spine disc displacement, lumbar facet syndrome, lumbar post annular tear, and multiple neuromas of the bilateral feet. Treatment to date has included medications, lumbar spine disc replacements, injections, physical therapy, and imaging studies. A progress note dated February 19, 2015 indicates a chief complaint of lower back pain. The treating physician documented a plan of care that included medications, transcutaneous electrical nerve stimulation unit trial, interferential unit trial, and urine drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit 30 day rental:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
 Page(s): 114-116.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and upper/ lower extremities. The patient is s/p artificial disc replacement at L4-5 and L5- S1 on 09/24/13. The request is for TENS Unit trial 30 day rental. Per 01/15/15 progress report, examination reveals severe tenderness along L3 through S1 and decreased sensation in the L4 and L5 dermatomes on the right. Per 01/05/15 AME report, diagnosis is radiculopathy lower extremity at L5 distribution based on EMG on 11/05/08 and a neurosurgeon. The patient has had lumbar epidural steroid injection in the past. The patient currently remains off work. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the patient appears to have not tried TENS unit in the past. EMG from 11/05/08 shows radiculopathy lower extremity at L5 distribution. Myelogram CT from 07/02/14 shows radiculopathy in the right lower extremity which is from arachnoiditis of the spinal nerves. The patient does present with neuropathy for which the use of TENS unit would be indicated per MTUS. Therefore, the request is medically necessary.

**Interferential Unit, 30 day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** MTUS guidelines page 118-120 states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ ice, etc.) In this case, the provider does not explain why ICS is being requested. None of the report indicates that the patient has had ISC in the past. The patient has had physical therapy but the provider does not document how the patient responded to physical therapy. Review of progress reports does not show documentation of operative condition, history of substance abuse, ineffective medication, nor unresponsiveness to conservative measures. The request is not medically necessary.

**Valium 10mg quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Benzodiazepines Page(s): 24.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and upper/ lower extremities. The request is for Valium 10mg #60. Per 01/15/15 progress report, the patient is taking Pamelor, Ambien, Valium and Soma. The patient remains off work. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. In this case, the utilization review letter on 02/24/15 indicates that the patient has utilized Valium since 2013. It is not recommended for a long-term use. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. The request is not medically necessary.