

Case Number:	CM15-0083836		
Date Assigned:	05/06/2015	Date of Injury:	08/22/2003
Decision Date:	06/05/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/01/2015

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 64-year-old male patient who sustained an industrial injury on 08/22/2003. The initial subjective complaint was of having jarred his back with acute onset of pain. The patient continued on a modified work schedule and was taken off of work duty on 02/2005 due to inability to accommodate a modified work schedule. The patient underwent a discectomy and fusion on 03/12/2002, and subsequently on 03/12/2002 had a laminectomy and discectomy. In addition, he had undergone lumbar discograms 10/2005, and pending hardware removal scheduled for 05/25/2006. A primary treating follow up visit dated 10/14/2008 reported the patient pending cardiac and medical clearance for another surgery. A visit dated 01/29/2009 reported subjective present complaints of having a constant burning pain in the lower back with radiating pain into bilateral lower extremities left greater. The following diagnoses are applied: cervical sprain, cervical radiculopathy; lumbar sprain with left lumbar radiculopathy, status post- surgery 03/12/2002 L5-S1 laminectomy and fusion. The patient was deemed permanent and stationary. A follow up visit dated 07/06/2010 reported present complaints of being discouraged, and stated the surgery has not helped as of yet. The patient is status post a redo laminectomy and bilateral foraminotomies on 07/09/2009. He feels his back is tighter, there is less motion and he has increased pain to bilateral sides of back, bilateral legs, and sleep issues. He is taking Norco, Percocet, Valium, and Nabumetone.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) TENS unit: Upheld

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

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic radiating low back pain. He underwent a revision spine fusion in August 2014. When seen, a repeat MRI was pending. Medications were helping. Physical examination findings included decreased spinal range of motion with trigger points. There was positive straight leg raising and right lower extremity weakness with abnormal sensation. 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 providing a TENS unit is not medically necessary.