

Case Number:	CM14-0117925		
Date Assigned:	08/06/2014	Date of Injury:	09/16/1995
Decision Date:	10/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46 year old male who sustained a work-related injury on 09/16/1995 when the sleeve of his left arm got caught in piece of machinery and his left forearm was crushed by some rollers. Prior medication history included Norco, Saphris, Lyrica, Gralise, Neurontin and Lexapro. He underwent a lumbar laminectomy and disc removal at L5-S1. Progress report dated 07/11/2014 indicates the patient reported Norco has not been working well. He reported his pain radiates down to his leg with weakness in his left foot. Objective findings on exam revealed decreased range of motion with flexion, extension, and side bending. He has tenderness to palpation to his lumbar paraspinals. He has positive straight leg raise and an antalgic gait. He is diagnosed with lumbar radiculopathy, chronic pain syndrome, depression, anxiety, severe neuropathic pain, and lumbar radiculopathy. He was recommended to Prior utilization review dated 07/17/2014 states the request for Batteries 6 units per month for TENS unit, lumbar spine is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Batteries 6 units per month for TENS unit, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, TENS

Decision rationale: The above MTUS and ODG guidelines regarding TENS use states "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below" and "Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use).Neuropathic pain: Some evidence (Chong, 2003)." In this case, note from [REDACTED] on 7/11/14 lists diagnoses as "severe neuropathic pain... lumbar radiculopathy" which satisfies the criteria for a diagnosis of neuropathic pain. The note further states that "he would be referred to the Functional Restoration Program for comprehensive treatment" which would satisfy the criteria for an adjunctive evidence-based functional restoration program. The request is for "Batteries 6 units per month" but does not specify how many months. It should be authorized for the "one-month home based TENS trial" as per guidelines above. Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.