

Case Number:	CM14-0120008		
Date Assigned:	08/06/2014	Date of Injury:	06/30/1996
Decision Date:	10/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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 and 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:

This is a 45 year old female who sustained a work related injury on 6/30/1996. She sustained the injury due to a slip and fall incident. She was diagnosed with lumbago and thoracic or lumbosacral neuritis or radiculitis. Per the doctors note on 7/14/14, the patient has complaints of pain in the lower back with numbness in the left leg from the foot to the left hip with numbness in the foot along with cramping at 6-7/10 discomfort/pain. Physical examination revealed decreased range of motion of the lumbar spine, antalgic gait, 4/5 strength and tenderness on palpation. There was a recent MRI of the lumbar spine which revealed L1-2 disc bulge posteriorly., L2-3 and L4-5 disc bulge with posterior subluxation of L4 upon L5 and a minimal spondylolisthesis of the L5 upon S1. She was approved for a LESI at the L4-5-S1 under fluoroscopy and sedation on 12/7/13 after trying multiple pain medication. She has also had a spinal cord stimulator for this injury along with continuous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens two lead: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous).

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

Decision rationale: According to the CA MTUS guidelines, TENS is not recommended as a primary treatment modality, but 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 neuropathic pain and CRPS. In this case, there is enough evidence that other appropriate pain modalities have been tried and failed. There is also documented clinical findings of neuropathic pain. The trial of TENS may be appropriate for this patient and therefore the request is medically necessary.