

Case Number:	CM14-0130936		
Date Assigned:	08/22/2014	Date of Injury:	03/26/2012
Decision Date:	10/17/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 48-year-old male, who has submitted a claim for right side lumbar radiculopathy; spondylolisthesis at L5-S1 and s/p TLIF / PLIF at L4, L5 and S1 on Feb 4, 2014 associated with an industrial injury date of March 26, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of spasms at the back. Physical examination of the lumbar spine showed a well-healed, non-tender incision without infection. Tenderness was noted on the upper, mid and lower para vertebral muscles. There was increased pain with lumbar motion. Examination of the lower extremities revealed decrease sensation in the right lower extremity in the L5 distribution. Motor examination of the right extensor hallucis longus and tibialis anterior was 4/5. Treatment to date has included physical therapy, medication and surgery. Utilization review from August 8, 2014 denied the request for purchase of TENS unit for the lumbar spine because the patient is more than 30 days post-surgery. The request also exceeds the guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS (transcutaneous electrical nerve stimulation) unit for the lumbar spine:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain Page(s): 116.

Decision rationale: As stated on page 116 of California Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, TENS is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. However, transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. TENS units were shown to be of lesser effect, or not at all, for other orthopedic surgical procedures. In this case, the patient is s/p fusion at L4-L5 and L5-S1. Progress notes reviewed showed that the patient did not attend post-op therapy. However, documents submitted did not indicate this plan for treatment. In addition, there is no discussion why a rental unit cannot suffice as trial basis. Therefore, the request for purchase of TENS unit for the lumbar spine is not medically necessary.