

Case Number:	CM14-0146420		
Date Assigned:	09/12/2014	Date of Injury:	05/10/2013
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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 California. 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 injured worker is a 52 year old male who reported injury on 05/10/2013 due to neck and low back pain that was incurred from working full time as a delivery truck driver over several years. The diagnoses included degenerative disc disease at C5-6 of the cervical spine, degenerative disc disease of L5-S1 with right leg sciatica and carpal tunnel syndrome bilaterally, with the left greater than right. Past treatments included a home exercise program, chiropractic treatment, medications and physical therapy. Diagnostic test included a nerve study on 07/16/2013 that revealed bilateral median motor neuropathy with possible carpal tunnel syndrome and negative for bilateral cervical radiculopathy; an MRI on 09/16/2013 that revealed diffuse cervical spondylosis which was severe at C4-5, right paracentral disc osteophyte resulting in severe right sided foraminal narrowing and minimal stenosis; the lumbar spine revealed disc space narrowing at L5-S1 with moderate facet enlargement and mild disc bulging at L4-5; lastly, an x-ray on 02/24/2014 of the lumbar spine that revealed lumbar straightening; there was advanced degenerative disc disease at L5-S1 with facet arthrosis and the cervical spine revealed degenerative changes of the cervical spine. There was no surgical history provided. On 08/29/2014 the injured worker complained of intermittent neck and back pain which was described as dull, sharp, throbbing, tingling and numbness; a 3-4/10 pain level that was brought on with prolonged lifting, bending, driving long distance, changing positions and walking. The physical exam findings included range of motion with lateral rotation at 60 degrees, lateral flexion at 40 degrees, flexion at 50 degrees, extension at 40 degrees; a negative Spurling and Adson's test; the sensory exam was intact, his motor strength was normal, the Hoffmann's reflex was negative and the range of motion was full. Medications included Norco and Celebrex. There was not a treatment plan, rationale for the request or request for authorization form provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; Criteria for the use of TENS Page(s).

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

Decision rationale: The request for TENS unit for purchase is not medically necessary. The injured worker has a history of degenerative disc disease of the cervical and lumbar spine and bilateral carpal tunnel syndrome. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. 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 patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a one month trial the guidelines recommend there must be documentation of pain of at least three months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The injured worker complained of intermittent neck and back pain at a 3-4/10 pain level, however the need for purchasing a TENS unit cannot be established as there is a lack of clear evidence of failed medication and other conservative treatment. Additionally there is a lack of evidence of a one month trial of a TENS unit with documentation demonstrating how often the unit was used and how long the unit was used during each session. There is a lack of documentation indicating the injured worker has significant objective functional improvement and decreased medication usage with the TENS unit. Therefore the request is not supported. As such, the request for a TENS unit for purchase is not medically necessary.