

Case Number:	CM14-0186231		
Date Assigned:	11/14/2014	Date of Injury:	11/24/1997
Decision Date:	12/16/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Medicine and is licensed to practice in Ohio. 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 50 year old female with a date of injury of 11-24-1997. She evidently had low back pain radiating to the left lower extremity initially. Later, she was discovered to have a fractured sesamoid bone of the left foot and in 2007 had it excised. She developed progressive bilateral foot pain however. An MRI scan of the lumbar spine revealed herniated discs at L4-L5 and L5-S1. On 9-24-2013 she had discectomies at those levels and placement of artificial discs. She continues to have pain in the feet, primarily the left. She has had numerous steroid injections to the feet without relief. The physical exam reveals tenderness in the 2nd and 3rd metacarpal interspaces, left greater than the right but a normal neurologic exam. The diagnoses include Morton's neuromas of the feet, lumbar disc disease, lumbar facet syndrome, bilateral internal derangements of the knees, and plantar fasciitis. The orthopedic agreed medical examiner opined on 4-3-13 that the injured worker did not have Morton's neuromas, but rather she had more widespread foot pain as a consequence of abnormal walking mechanics, and that treatment should be with orthotics and not injections. At issue is a request for a 3 month TENS unit rental for the foot pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Month rental: home TENS unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot and Ankle and Pain (Chronic), TENS, chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: For disorders of the ankle and foot, a TENS unit is Not recommended. There is little information available from trials to support the use of many interventions for treating disorders of the ankle and foot. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. There is some evidence that a one month trial with a TENS unit may be appropriate for chronic regional pain syndrome type II, phantom limb pain, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain as a consequence of diabetic peripheral neuropathy or herpes induced neuropathy. In this instance, foot pain from Morton's neuromas does not fall into one of these categories. The guidelines are specific in that TENS use is not recommended for disorders of the foot and ankle. Additionally, a one month and not a 3 month trial is generally recommended for TENS units. Therefore, a 3 month rental of a home TENS unit is not medically necessary in this instance.