

Case Number:	CM14-0195256		
Date Assigned:	12/03/2014	Date of Injury:	09/09/2013
Decision Date:	01/20/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine 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 patient has undergone multiple lower back surgeries in 11/05 and 1/10/10 with residual degenerative disc disease and degenerative facet disease at L4-5 and L5-S1 with disc desiccation at L4-5, L5-S1. On 9/9/13 the patient was injured when intervening to break up a fight at his place of work. According to 3/25/14 evaluation by pain management he reports 8/10 burning and radiating back pain. On exam he had antalgic gait and mild tenderness over lumbar paravertebrals. There is also limited lumbar range of motion. Diagnoses included lumbar disc disease, radiculopathy and facet syndrome. Plan is to proceed with medial branch block which was performed on 5/19/14. He is also advised to use a TENS unit. According to follow-up on 5/22/14, symptoms have stayed the same with 5-6/10 burning pain with numbness down the lower left leg. On 6/24/14 follow-up with pain management the patient reported 8/10 sharp pain with mild tenderness over lumbar paravertebrals, positive straight leg raise and limited lumbar range of motion on exam. Plan is to refer him for an updated lumbar MRI and EMG/nerve conduction study. MRI on 8/20/14 showed moderate canal stenosis and facet arthropathy, disc protrusion with abutment at L5 nerve root. On 9/16/14 follow-up with pain management the patient reported 8/10 sharp pain with mild tenderness over lumbar paravertebrals, positive straight leg raise and limited lumbar range of motion on exam. Plan is to consider further epidural steroid injection at L4-5 and L5-S1. Orthopedic follow-up on 10/1/14 he continues to have 8/10 lumbar radicular pain without medications and 6/10 pain with ultram 150mg as needed for breakthrough pain. According to 11/7/14 orthopedic follow-up the patient continues to report unchanged condition with left lower extremity radicular symptoms and he feels weak. On physical exam there is tenderness to palpation and limited lumbar range of motion. Diagnoses are unchanged. The patient wishes not to pursue further epidural injection due to failure to

respond in the past. Treatment plan includes continue tramadol as needed for pain, flexeril for spasm, and TENS for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with heat pad purchase: 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 transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: According to CA MTUS guidelines, trial of TENS is appropriate when the patient has intractable pain for at least 3 months and other appropriate pain modalities have been tried and failed. According to the utilization review report, the treatment was denied since review of records did not show documentation that physical therapy or acupuncture has been attempted. From my review of 1/16/14 evaluation to the Worker's compensation appeals board, the reviewing physician notes that physical therapy progress notes were reviewed from 4/13/12 to 6/8/12 and that there was improvement. Subsequent to the most recent injury in September of 2013 physical therapy was again attempted. The patient has failed a number of conservative measures including pain medications, anti-spasmodic agents, physical therapy and home exercise program. Consequently based on the review of the provided records and cited guideline, a one month trial of TENS unit with specific treatment goals is medically necessary.