

Case Number:	CM14-0214751		
Date Assigned:	01/02/2015	Date of Injury:	10/04/2007
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 51 year old male with a work injury dated 10/4/07. The diagnoses include cervical facet arthropathy, cervical radiculopathy, lumbar facet arthropathy, lumbar post laminectomy syndrome, lumbar radiculopathy, iatrogenic opioid dependency. The patient is status post lumbar spine surgery in 2012 and lumbar spine fusion (date unknown). Under consideration are requests for Tens unit purchase. There is an 11/7/14 progress note that states that the patient comes for an office visit with neck pain radiating down the bilateral upper extremities, thoracic back pain, and low back pain radiating down the bilateral lower extremities. He complains of worsening neck and upper extremity pain. The pain is 5/10 with medications and 7/10 without medications. The pain is unchanged since his last visit. He reports activity of daily living difficulty in self-care and hygiene, ambulation and sleep. He states that there is a 50% improvement due to medications. On exam he was noted to be withdrawn, difficulty to arouse and is moderate distress. He utilizes a cane for ambulation. He was noted to have fainted in the waiting room. He was assessed in the exam room and immediately wheeled over the regional medical center for evaluation. There was C4-6 cervical spine tenderness and decreased range of motion. The motor exam shows decreased strength in the extensor muscles bilaterally. On thoracic exam there is bilateral spinous tenderness with myofascial trigger points and twitch response. There is L4-S1 spasm and bilateral paravertebral tenderness. There is decreased lumbar range of motion. The motor exam shows decreased strength of the extensor muscles along L4-S1 dermatome in the bilateral lower extremities. A 2/17/12 lumbar MRI reveals a 2mm central and paracentral disc bulge at L5-S1 with disc desiccation. Post op changes of previous lumbar

laminectomy. No areas of enhancement. The patient is currently not working. There is a request for a permanent TENS unit as supportive pain control. The document states that the patient has completed a 30 day trial with documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Tens unit purchase is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation does not include evidence of a documented one month trial of how often the TENS unit was used and outcomes of pain and function from the use. The request for Tens unit purchase is not medically necessary.