

Case Number:	CM14-0078912		
Date Assigned:	07/18/2014	Date of Injury:	12/21/2012
Decision Date:	06/23/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/29/2014

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: Massachusetts

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

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 (IW) is a 39 year old male who sustained an industrial injury on 12/21/2012. He reported back pain with radicular symptoms. The injured worker was diagnosed as having lumbar radiculopathy, and backache not otherwise specified. Treatment to date has included a, physical therapy, lumbar epidural steroid injections, trigger point injections, pain management with oral pain medications and a L5-S1 discectomy. Currently, the injured worker complains of low back pain with pain into the left leg. He rates his pain with medications as a 6 on a scale of 1-10. Without medications, he rates his pain as a 10 on a scale of 1-10. His sleep quality is poor. On exam, he has back pain with tingling sensation in the legs. Examination of the lumbar spine reveals range of motion that is restricted by pain. Palpation of the paravertebral muscles show hypertonicity, and tenderness with tight muscle band on both sides. Lumbar facet loading is positive on both sides. Straight leg raising test is positive on the right side in a sitting at 65 degrees FABER test is negative. A MRI of the lumbar spine shows multi level bilateral foraminal stenosis. He no longer takes Tramadol due the side effect of headache, and he has stopped taking Vicodin due to its limited efficacy. Medications include Zanaflex, Norco, Neurontin, and Ibuprofen. A TENS (transcutaneous electrical nerve stimulation unit) and supplies purchase is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase and Supplies (E0730, A4595 x 2; A4557 x 2; A4630 x 4: Lumbar Spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114.

Decision rationale: The claimant sustained a work injury in December 2012 and underwent a lumbar microdiscectomy in December 2013. He continues to be treated for low back and left leg pain. When seen, there had been improvement in lumbar spine range of motion and strength with physical therapy. He was having ongoing difficulty sleeping. There was an antalgic gait. There was lumbar spine tenderness. He had decreased left lower extremity strength and sensation. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Therefore providing a TENS unit was not medically necessary.