

Case Number:	CM15-0013630		
Date Assigned:	02/02/2015	Date of Injury:	10/09/2010
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male who sustained an industrial injury on 10/09/2010. He has reported back and shoulder pain with an inability to lift the left shoulder over the head in activities. Diagnoses include lumbar radiculopathy, chronic neck pain with cervical fusion C3-C6 on 11/27/2012, lumbar degenerative disc disease and spinal stenosis, lumbar radiculopathy, right hand pain situation post multiple tendon repair, left shoulder pain, and opioid induced constipation. Treatments to date include a L5-S1 epidural injection on 09/22/2014 which provided some pain relief for the low back pain. He is taking OxyContin twice daily with minimal pain relief and Percocet tablets to control breakthrough pain. A prescribed compound cream provides additional pain relief. A progress note from the treating provider dated 11/25/2014 indicates the IW has mild to moderate discomfort and does not appear over medicated. Lumbar flexion is limited and extension is decreased due to pain. There was moderate tenderness to palpation to the lumbar spine paraspinal muscles bilaterally. The plan was to continue oral and topical medications with some medication changes, continue monitoring analgesic effects of L5-S1 lumbar epidural steroid injection from 09/22/2014. A request for a TENS unit was made. On 01/08/2015 Utilization Review non-certified a request for EMPI TENS unit purchase, noting the documentation does not provide information on how often the unit was used as well as outcomes in terms of pain relief and function. The documentation failed to support the request with necessary information such as quantity and quality pain relief and increased functional gains. The MTUS Chronic Pain Guidelines TENS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMPI TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain Page(s): 114-116.

Decision rationale: According to the 10/01/2014 report, this patient presents with "low back pain and lower extremity radicular pain." The current request is for EMPI TENS unit purchase for additional nonpharmacologic pain relief. The patient's work status is Defer to primary treating physician. The Utilization Review denial letter states "the documentation failed to provide evidence of a 1 month trial period or documentation how often the unit was used, as well as, documentation of outcomes in terms of pain relief and increased functional gains." Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." In reviewing the medical records from 10/01/2014 to 11/25/2014, the treating physician indicates that the patient had a TENS unit and is using the TENS unit on a daily basis which provides additional pain relief. However, the treating physician does not discuss what is wrong with the existing TENS unit and why the patient needs another one. The request IS NOT medically necessary.