

Case Number:	CM15-0018885		
Date Assigned:	02/06/2015	Date of Injury:	08/31/1998
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona

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 is a 52-year-old male who reported an injury on 10/31/1998. The mechanism of injury involved heavy lifting. The current diagnoses include failed ACDF, status post posterior cervical fusion with foraminotomy, cervical discogenic pain, bilateral cervical radicular pain, cervicogenic neck pain and headaches, bilateral occipital neuralgia, possible lumbar sprain/strain, bilateral lumbosacral radicular pain, stress syndrome, posttraumatic metabolic syndrome, and rotator larynx secondary to spine surgery with probable right vocal cord paresis or paralysis. The latest physician progress report submitted for review is documented on 10/10/2014. The injured worker reported constant low back pain and neck pain, as well as radiating pain into the upper and lower extremities. The injured worker was utilization Risperdal 3 mg, Wellbutrin 300 mg, Cymbalta 30 mg, Lyrica 75 mg, ibuprofen 800 mg, baclofen 20 mg, and Lidoderm patch. It was noted that the injured worker had been recommended for a TENS unit trial for 1 month, since a prior TENS unit during physical therapy provided beneficial results. Upon examination, there was a non limping gait, mid line tenderness from C3-C7, bilateral cervical facet tenderness, bilateral trapezius tenderness, bilateral occipital tenderness, painful cervical range of motion, mid line tenderness from L3-S1, bilateral lumbar facet tenderness, mild bilateral sacroiliac and sciatic notch tenderness, positive straight leg raising at 60 degrees on the right and 40 degrees on the left, hypoalgesia in the C6-7 nerve root bilaterally, and diminished motor strength in the L5-S1 nerve root. The provider was unable to patellar and Achilles deep tendon reflexes bilaterally. There was weakness in the bilateral upper and lower

extremities as well. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-TENS unit purchase QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-11.

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

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. In this case, there was no evidence that other appropriate pain modalities have been tried and failed, including medication. It was noted that the injured worker reported an improvement in symptoms with a previous TENS trial. However, there was no documentation of the initial trial with evidence of how often the unit was used, as well as outcomes in terms of pain relief and function. Given the above, the request for a unit purchase would not be supported. As such, the request is not medically appropriate at this time.