

Case Number:	CM15-0119297		
Date Assigned:	06/29/2015	Date of Injury:	12/09/1994
Decision Date:	10/28/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/20/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 12-09-1994. She has reported injury to the neck and low back. The diagnoses have included cervicalgia; cervical degenerative disc disease; headache syndromes; lumbar degenerative disc disease; lumbar facet arthropathy; sacroiliac spine strain; and sciatica. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, cervical and lumbar epidural steroid injection, and surgical intervention. Medications have included Morphine Sulfate ER, Lidoderm Patch, Cymbalta, Valium, Amitriptyline, Zanaflex, Butalbital, and Klonopin. A progress report from the treating physician, dated 06-09-2015, documented a follow-up visit with the injured worker. The injured worker reported that her pain level today is rated 7 out of 10 in intensity; she continues to find benefit with use of her Morphine Sulfate ER; she is currently using her Zanaflex for her chronic muscle spasms; she states better control of her mood with use of Klonopin as needed; she needs refill on her Butalbital for her chronic migraines; she continues to walk 30 minutes daily with the use of a walker for exercise; she needs replacement of TENS unit which is currently non-functional as it is 10 years old; and she states that she has significant benefit with the use of the TENS for her muscle spasms and neuropathic pain. The injured worker underwent a second lumbar spine surgery on 11-03-2014; and the injured worker reports that this most recent surgery has so far given her almost 100% pain relief. Objective findings included neck flexion and extension are decreased with pain in both directions; facet loading test is positive on both sides of the neck; walking slowly with use of single point cane; not able to do heel-toe walking; slightly poor balance; strength is rated 4 out

of 5 in both legs; the back has a midline old surgical scar; better overall range of motion of the back; and she is able to bend to almost reach the toes with some discomfort. The treatment plan has included the request for replacement TENS unit as outpatient. The original utilization review, dated 06-19-2015, non-certified a request for replacement TENS unit as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement TENS unit as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: CA MTUS Guidelines state that TENS should not be used as an isolated treatment. The request is for a replacement TENS unit. The patient states she has received significant pain relief with past use of the TENS. In this case, there is a lack of documentation that other pain modalities have been tried and failed. A treatment plan with long and short-term goals of treatment with the TENS unit was also not submitted as required by guidelines. Therefore based on the lack of information provided, the medical necessity of this request cannot be established. The request is not medically necessary.