

Case Number:	CM15-0126837		
Date Assigned:	07/13/2015	Date of Injury:	11/03/2014
Decision Date:	08/07/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 59 year old male, who sustained an industrial injury on 11/03/2014. The injured worker was diagnosed as having herniated nucleus pulposus with instability, status post anterior lumbar discectomy and fusion L5/S1 on 5/12/2015. Treatment to date has included diagnostics, lumbar spinal surgery, transcutaneous electrical nerve stimulation unit, and medications. Currently, the injured worker complains of decreased back pain and improved left lower extremity symptoms. He was given a bone stimulator unit and dispensed Naproxen, Pantoprazole, Norco, Tramadol ER, Cyclobenzaprine, and Keflex (prophylaxis). Medications decreased pain by approximately 2-3 points on the pain scale and improved activities of daily living function. The PR2, dated 6/03/2015, noted pain level at 2/10 with medications. He was using a transcutaneous electrical nerve stimulation unit several times daily and a bone stimulator unit. He denied any radicular pain. The requested treatment included MEDS-4 unit and supplies (months), quantity 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS-4 unit & supplies (months) Qty: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Interferential Current Stimulation (ICS) Page(s): 116, 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

Decision rationale: This claimant was injured in November 2014 with diagnoses of herniated nucleus pulposus with instability, status post anterior lumbar discectomy and fusion L5/S1 on 5/12/2015. Treatment to date has included diagnostics, lumbar spinal surgery, a transcutaneous electrical nerve stimulation unit, and medications. There is decreased back pain and improved left lower extremity symptoms. He was using a transcutaneous electrical nerve stimulation unit several times daily and a bone stimulator unit. He denied any radicular pain. The requested treatment included MEDS-4 unit and supplies (months), quantity 3. The MED-4 is a TENS unit with other functions and features. The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Although TENS was tried in the past, functional objective outcomes are not noted. Further, these are the conditions supported for TENS usage: Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)-Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Again, although the TENS had been used in the past in this case, the objective functional improvement is not stated. The request is appropriately not medically necessary.