

Case Number:	CM15-0170736		
Date Assigned:	09/11/2015	Date of Injury:	12/19/2013
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/31/2015

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 51 year old male who sustained an industrial injury on 12-19-13. The injured worker reported pain in the low back, left shoulder and left lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar facet syndrome. Medical records dated 9-14-15 indicates pain rated at 8 out of 10 with the use of medication and 10 out of 10 without the use of medication. Provider documentation dated 9-14-15 noted the work status as temporary totally disabled. Treatment has included a lumbar spine magnetic resonance imaging (2-6-14), physical therapy, transcutaneous electrical nerve stimulation unit, chiropractic treatments, Celebrex since at least May of 2015, Lidoderm patch since at least May of 2015, Tramadol since at least May of 2015, Zanaflex since at least May of 2015 and Nabumetone since at least May of 2015. Objective findings dated 9-14-15 were notable for lumbar spine with restricted range of motion limited by pain, tenderness to palpation to the paravertebral muscles, spasm noted bilaterally, lumbar facet loading positive bilaterally. The original utilization review (8-7-15) denied transcutaneous electrical nerve stimulation unit and 12 months supplies; electrodes 8 pairs per month and batteries 6 units per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit and 12 months supplies; electrodes 8 pairs per month and batteries 6 units per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: This claimant was injured in 2013, now two years ago. There is still pain in the low back, left shoulder and left lower extremity and there is a reported lumbar facet syndrome. Treatment has included a transcutaneous electrical nerve stimulation unit, but objective functional improvement out of past TENS unit usage is unknown. 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 noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described here: 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. Also, past TENS unit usage is mentioned, and the objective functional improvement out of that usage is not noted. The request is appropriately non-certified. As the unit itself is not certified, the accompanying supplies are also not certified and therefore are not medically necessary.