MAXIMUS Federal Services

Case Number:	CM15-0176284		
Date Assigned:	09/17/2015	Date of Injury:	04/25/2005
Decision Date:	10/21/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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 45 year old male, who sustained an industrial-work injury on 4-25-05. He reported initial complaints of lower back pain. The injured worker was diagnosed as having unspecified lumbosacral or thoracic neuritis or radiculitis, lumbar degenerative disc disease, and sprain and strain of the sacroiliac ligament. Treatment to date has included medication, ice therapy, home exercise program, and transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complains of upper and lower back pain rated 8 out of 10. Pain was described as constant pressure with occasional tightness and worsened in cold weather and activity. Current medications include Naproxen, Gabapentin, Cyclobenzaprine, and LidoPro patches. A transcutaneous electrical nerve stimulation (TENS) unit was helpful with prior use. Per the primary physician's progress report (PR-2) on 7-20-15, exam noted normal affect and gait, tenderness to palpation to lower lumbar spine and sacroiliac joint, left greater than right, with positive FABER bilaterally, decreased sensation to light touch at L4-5, no motor deficit with resisted hip flexion, knee flexion and extension, ankle plantar flex and dorsiflexion bilaterally and positive straight leg raise on left. Current plan of care includes medication refill, TENS unit, await authorization for diagnostic testing. The Request for Authorization requested service that included Retrospective: TENS Patch x 2 Pairs. The Utilization Review on 8-11-15 denied the request based on the clinical information provided, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines, 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: TENS Patch x 2 Pairs: 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: Key points for this review are: this claimant was injured in 2005 with unspecified lumbosacral or thoracic neuritis or radiculitis, lumbar degenerative disc disease, and a sprain and strain of the sacroiliac ligament. Treatment to date had included a transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker still complains of upper and lower back pain rated 8 out of 10. A transcutaneous electrical nerve stimulation (TENS) unit was reported as helpful with prior use, but there was no documentation of objective functional improvement. 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 below. 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, and by extension, the need for TENS patches. Also, the true, objective benefit out of prior TENS usage is not noted to verify the need for these continued supplies. The request is appropriately not medically necessary.