

Case Number:	CM15-0042517		
Date Assigned:	03/12/2015	Date of Injury:	10/14/2008
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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

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 53-year-old male, who sustained a work/industrial injury on 10/14/08. He has reported initial symptoms of neck and back pain and spasm rated 5/10. The injured worker was diagnosed as having degenerative disc disease; cervical disc bulging. Treatments to date included medications, surgery (L4-S1 lumbar fusion 10/11/10, hardware removal 2/13/12), and physical therapy. Currently, the injured worker complains of low back pain and neck pain. The treating physician's report (PR-2) from 12/23/14 indicated the injured worker complained of pain across the low back to right lower extremity and neck pain with spasms. Examination of the lumbar spine revealed spasm, painful and limited range of motion. Positive straight leg raise (SLR) on the right at 60 degrees. Motor function was intact bilaterally. Pain was at L3-4 on the right. Positive trigger point and tenderness bilaterally were evident in the lumbar paravertebral area. Exam of the cervical spine reveals continued restricted/decreased range of motion, and tenderness to palpation at facet joints, and pain with axial compression. Diagnosis was s/p hardware removal; lumbar spine degenerative disc disease, chronic low back pain. Breakdown L3-4 with herniated nucleus pulposus (HNP) annular tear; history of previous L4-5 fusion, and C4-5 and C5-6 disc bulging. Medication was Advil, as needed. Treatment plan included 1 TENS Unit (Lumbar Spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS Unit (Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity, "with no numbing or tingling." The patient is s/p lumbar fusion on 10/11/10 and hardware removal on 12/13/12. The request is for Tens Unit for Lumbar Spine. Per 12/23/14 progress report, prior to 06/23/09, "the patient has had physical therapy with TENS unit with temporary relief of 1-2 days." Work statue is unknown. MRI of the lower back from 11/23/13 shows early disc desiccation at L3-4. X-ray from 12/23/14 shows a solid fusion. EMG/NCV of the bilateral lower extremities from 02/19/09 demonstrates normal limits. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the provider does not discuss the request. The review of the reports indicates that the patient has tried TENS unit during physical therapy in 2009 with "temporary relief of 1-2 days." The patient has some symptoms down the leg but neuropathy such as radiculopathy is not clearly documented for which the use of TENs would be indicated. MTUS require 30-day home use of TENS before a unit is allowed and in this case, home trial with efficacy has not been documented. The patient does not appear to present with any of the diagnosis for which TENS unit would be indicated either. The request is not medically necessary.