

Case Number:	CM15-0064922		
Date Assigned:	04/13/2015	Date of Injury:	01/20/1983
Decision Date:	05/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/06/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 60 year old male, who sustained an industrial injury on 1/20/1983. He reported the sudden onset of back pain while extricating a pole. The injured worker was diagnosed as having lumbar pain and lumbar radiculopathy. Treatment to date has included diagnostics, physical therapy, and medications. Several documents within the submitted medical records are difficult to decipher. Currently, the injured worker complains of chronic lumbar pain and lumbar radiculopathy. He required a cane for safe ambulation. In the past, he had some relief with transcutaneous electrical nerve stimulation unit. Medications included Norco, Flexaril, Meloxicam, and Amitriptyline. The PR2 report, dated 11/10/2014, noted ambulation was increasingly painful. He last worked in 1983. The treatment plan included a transcutaneous electrical nerve stimulation unit and front wheeled walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case, there is no documentation that the patient is participating in a functional restoration program. Criteria for therapy with TENS unit have not been met. The request is not medically necessary and should not be authorized.

Front wheeled walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-knee chapter walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Walking aids.

Decision rationale: Walkers are assistive devices for ambulation. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. In this case, the patient has disease in only the left lower extremity. In addition, there is no documentation of ambulatory dysfunction. The request is not medically necessary and should not be authorized.