MAXIMUS Federal Services

Case Number:	CM15-0098355		
Date Assigned:	05/29/2015	Date of Injury:	10/27/2012
Decision Date:	07/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/21/2015

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 61 year old male, who sustained an industrial injury on 10/27/2012. He has reported injury to the lower back and neck. The diagnoses have included lumbar disc displacement without myelopathy; lumbar spondylosis; neck sprain; cervical degenerative disc disease; and status post L5-S1 decompression and fusion. Treatment to date has included medications, diagnostics, bracing, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and surgical intervention. Medications have included Norco, Norflex ER, Naproxen Sodium, Advil, Baclofen, and Tylenol. A progress note from the treating physician, dated 04/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of bilateral low back pain and bilateral buttock pain with tightness; back pain is rated at 4-5/10 on the pain scale; sneezing from recent allergies aggravates his pain; numbness on his left thigh; walking about ½ to 1 mile at a time; using the lumbosacral brace; no longer taking pain medications, using Tylenol for pain only; feeling more neck pain, with radiating left arm pain, past his elbow to the forearm; no numbness or tingling; and has completed 12 sessions of physical therapy. Objective findings included status post L5-S1 fusion and decompression, on 11/20/2014; gait is normal; well-fitting brace; neck range of motion is full in all planes with some crepitance; back has healed incisions and intact skin, with mild tenderness; lumbar spine x-rays in the office today demonstrate stabilization instrumentation and progress fusion; and cervical spine x-rays demonstrate mild C3-4 anterolisthesis, moderate spondylosis, and degenerative changes at C4-7. A visit note from another provider, dated 03/23/2015, reports the injured worker stating that the TENS unit has been beneficial to him. When he is utilizing the

unit, he does have 50% reduction in pain; and he utilizes the unit multiple times during the day, and utilizes it on a daily basis. Furthermore, the injured worker stated that he is able to sit longer, walk further with less pain, and is able to sleep better at night. The treatment plan has included the request for 1 pack of transcutaneous electrical nerve stimulation (TENS) unit pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pack of 8 Transcutaneous Electrical Nerve Stimulation (TENS) Unit Pads: Overturned

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

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

Decision rationale: According to the 03/23/2015 report, this patient presents with a 5/10 low back pain that radiates into his left lower extremity. The current request is for 1 pack of 8 Transcutaneous Electrical Nerve Stimulation (TENS) Unit Pads. The request for authorization is not included in the file for review. The patient's work status is restricted to lifting 10 lbs. He is restricted to alternating between standing and sitting as needed by pain. Regarding TENS units, the MTUS guidelines state not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option and may be appropriate for neuropathic pain. Review of the provided reports show that the patient does present with neuropathic pain and the treating physician states that the TENS unit has been beneficial. The patient does have 50% reduction in pain. He does utilize a multiple times during the day and does utilize it on a daily basis. Patient states that he is able to sit for longer and walk further with less pain. He is also able to sleep better at night. In this case, given that the treating physician provided discussion regarding how the TENS unit has been beneficial to the patient. The requested TENS unit pad appear reasonable and consistence with the guidelines. Therefore, the request is medically necessary.