

Case Number:	CM14-0155467		
Date Assigned:	09/29/2014	Date of Injury:	02/19/2010
Decision Date:	11/05/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported injury on 02/19/2010. The mechanism of injury was not provided. Prior treatments included medications, physical therapy, and limited work. The injured worker underwent an L5-S1 anterior and posterior fusion with spacer and allograft on 12/14/2010. The injured worker underwent an x-ray of the lumbar spine. The injured worker's medications were noted to include Ultram 50 mg twice a day and Mobic 7.5 mg daily. Prior medications included Flexeril, Motrin, Soma, and Topamax. A request had been made for a TENS unit trial on 09/02/2014 per the physician documentation and the injured worker wanted to appeal the denial of the home TENS trial. The physical examination revealed the injured worker ambulated with a normal gait without assistive device or foot drop. The straight leg raise was negative bilaterally. Manual muscle strength was 5/5 and sensation was intact to light touch and pin prick in the bilateral lower extremities. The Patrick's test was negative with bilateral sacroiliac joints and hips. There was minimal tenderness over the lower lumbar paraspinal muscle without muscle spasm. The diagnoses included status post work related back injury 02/19/2010 and status post L5-S1 anterior and posterior fusion with interbody spacer on 12/14/2010 with failed back syndrome as well as chronic pain. The documentation indicated the unit had been denied as the injured worker was not participating in the physical rehabilitation program and the neurologic examination was intact. Per the physician documentation the California MTUS state "it is not recommended as a primary treatment modality but a 1 month home base trial may be considered as a noninvasive conservative option if it is used as an adjunct to an evidence based functional restoration, a home based trial of 1 month therapy may be appropriate and criteria for the use of a TENS unit include chronic and intractable pain, documentation of pain of at least 3 months in duration and evidence that other pain modalities have been trialed." The physician documented the injured worker had an L5-S1

fusion in 2010 with failed back surgery syndrome and chronic low back pain. The injured worker was not prescribed the TENS unit and had physical therapy before. The documentation indicated the injured worker was motivated to keep working without restrictions as a lead installer full time. The injured worker was unable to take Ultram at work and the TENS unit would be a good alternative for chronic low back pain. The original date of request was dated 09/02/2014. The documentation of 09/16/2014 indicated the injured worker's pain was a 5/10. The injured worker was working without restrictions as a lead installer. The injured worker's medications included Ultram 50 mg twice a day as needed and Mobic 7.5 mg daily. The physical exam revealed the injured worker had a slight decreased range of motion due to pain. The straight leg raise was negative bilaterally. The manual muscle strength was 5/5. Sensation was intact to light touch and pin prick in bilateral lower extremities. The treatment plan included 30 days of a home TENS unit trial for his failed back syndrome. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS trial - 30 days: Upheld

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

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

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines recommended a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other pain modalities have been trialed and failed. The documentation of 09/16/2014 revealed the injured worker had a fusion with failed back surgery syndrome and chronic pain. The injured worker had physical therapy and was not prescribed a TENS unit. The injured worker was noted to be motivated to continue working. However, there was a lack of documentation indicating the unit would be utilized as an adjunct to evidence based functional restoration. Given the above, the request for a TENS trial 30 days is not medically necessary.