

Case Number:	CM13-0028856		
Date Assigned:	11/01/2013	Date of Injury:	07/09/1992
Decision Date:	01/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 claimant is a 54 years old female with stated date of injury 2/1/2011. The claimant stated that in 2004 she developed severe back pain after lifting a desk at work. She described the pain as a "grabbing" sensation. She was barely able to move, but she was able to make it through that day in spite of significant pain in her back. She sought medical attention for the industrial injury. Her doctor ordered an MRI of her back. She was returned to work with restrictions of no lifting more than 10 pounds. She was eventually referred to [REDACTED] who gave her epidural steroid injections. She stated that the injections were helpful and the pain diminished. She was able to continue working. In 2009 the pain in her back became increased. Another MRI was ordered. She was told that the MRI revealed, "collapsed discs" in her lower back. She stated that she has seen multiple doctors for the pain in her back. She was seen by the following physicians: [REDACTED], [REDACTED], and [REDACTED]. Apparently, they all made the diagnosis of discogenic disease at L4- L5 and L5-S 1. She is currently experiencing chronic moderate back pain according the medical records. [REDACTED] saw the patient on March 18, 2013. During this office visit, she stated that the low bac pain was rated at 10/10. It was rare and occasional. There was increased pain with lifting, sitting, bending, and stooping. On examination of the lumbar spine, there was tenderness and spasm over the para-vertebral muscles and lumbosacral junction. The straight leg raising test elicited axial back pain. The range of motion was limited in all planes. There was increased pain with extension. The patient was advised to continue her home exercises and the use of an electrical muscle stimulator unit. The patient returned to modified work. She was restricted form lifting objects greater than ten pounds and was advised to limit standing to 45 minutes. She was deemed t

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 12 electrodes for an at home TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA-MTUS indicates that TENS therapy 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. The TENS unit and associated supplies are not medically necessary.

A conductive gel for a TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Physician Reviewer's decision rationale: CA-MTUS indicates that TENS therapy 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size,

influence of placebo effect, and difficulty comparing the different outcomes that were measured. The TENS unit and associated supplies are not medically necessary.