

Case Number:	CM13-0040526		
Date Assigned:	12/20/2013	Date of Injury:	06/15/2012
Decision Date:	02/14/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/29/2013

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 patient is a 38-year-old male with a date of injury of 6/15/2012. 04/03/13 -- [REDACTED]. Doctor's First Report. While lifting a large wood chipper, 11,000 pounds, which was attached to a chain, he felt pain in his low back. That is not actually the same history. Low back tenderness, right-sided limp and positive bilateral straight-leg raising. Lumbar pain with right greater than left sciatica. Mentions x-rays. Medications, transportation and functional capacity evaluation and computerized range of motion testing. He has him on modified duty. The patient has a history of chronic low back pain, as -well as related sleep disturbance and anxiety. According to the most recent medical reporting prior to the date of request (an 8/26/2013 progress report by [REDACTED]), he was diagnosed with a recurrent lumbosacral strain, superimposed on one-level degenerative disc disease and disc protrusion. The patient reported low back pain with lumbar motion as well as posterior thigh pain. It is of note that while a disc protrusion was noted on prior MRI, electrodiagnostic studies did not find evidence of radiculopathy. Upon objective examination, there was no evidence of neurologic deficit, spasm or guarding, although pain was noted with lumbar motion. The patient has previously been treated with physical therapy, chiropractic, oral and topical medications, anti-inflammatories, narcotic pain relievers and unknown injections. Prior chiropractic treatment included electrical stimulation, without apparent or quantified benefit. At issue in the medical necessity of prospectively requesting 6 months neurostimulator TENS-EMS unit

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prospective request for 6 months neurostimulator TENS-EMS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-117.

Decision rationale: 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.

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use).

Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007).

BlueCross BlueShield: TENS is considered investigational for treatment of chronic back pain, chronic pain and post-surgical pain, but is covered for certain members based on CMS rules. (BlueCross BlueShield, 2007) - CMS: The use of TENS for the relief of acute post-operative pain is covered for 30 days or less (as an adjunct and/or alternative to pharmaceutical treatment). TENS is also covered as treatment for chronic intractable pain. Medicare therapeutic effect. (Medicare, 2006) - Aetna & Humana: consistent with the CMS Guidelines (Aetna, 2005) (Humana, 2004) - VA: TENS is considered equivocal when compared to other modalities. (US Dept VA, 2001) - European Federation of Neurological Societies (EFNS): TENS may be better than placebo (level C) although worse than electro-acupuncture (level B); TENS is non-invasive and suitable as a preliminary or add-on therapy. (Crucchi, 2007). Regarding TENS, the California Chronic Pain Medical Treatment Guidelines state that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be nece