

Case Number:	CM13-0057122		
Date Assigned:	12/30/2013	Date of Injury:	01/15/2013
Decision Date:	04/10/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	11/25/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 33-year-old male who sustained an industrial injury on 1/15/2013 due to a fall. The accepted body regions are the lower extremities, shoulders, neck, and low back. The patient has had conservative treatment with physical therapy, narcotic pain medications, non-narcotic pain medications including ibuprofen, and activity modification. He found electric stimulation from physical therapy to be quite helpful for his back pain. A utilization review determination on 11/22/2013 had non-certified this request with the rationale that functional status or functional goals have not been addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS TRIAL, RENTAL (MONTHS) QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines on Pages 114-116 specify the following regarding TENS (transcutaneous electrical nerve stimulation): "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. " In the case of this injured worker, the patient attending physical therapy for pain in the left shoulder, lumbar, and interscapular regions. A physical therapy evaluation was performed on 10/16/2013. The most relevant primary treating physicians' progress note associated with this request is dated 11/5/2013. The patient subjectively complains of left shoulder and low back pain, and has associated diagnoses of cervical spine pain. Although TENS is recommended by the Chronic Pain Medical Treatment Medical Guidelines as an adjunctive option to a program of functional restoration, the guidelines do not mention TENS as an option in shoulder and low back pain. Newer studies of TENS in CLBP have failed to demonstrate a positive effect. The California Medical Treatment and Utilization Schedule only mention TENS for the indications of CRPS, multiple sclerosis, neuropathic pain, phantom limb pain, and spasticity especially in the context of spinal cord injury. This request is recommended for non-certification.