

Case Number:	CM14-0000216		
Date Assigned:	01/10/2014	Date of Injury:	05/18/2013
Decision Date:	12/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/02/2014

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 & 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:

This is a 34 year old male who suffered an industrial related injury while pulling a dumpster and feeling a pop followed by pain and heat in the lumbosacral spine on 5/18/13. The injured worker suffered a lumbosacral spine injury in 2005 with no residual symptoms and had a previous industrial injury occurring in 2006 also with no residual symptoms. The treating physician's report dated 6/12/13 noted the injured worker was seen at an urgent care and was prescribed Tylenol and muscle relaxants. The injured worker's diagnoses included right low back pain with thigh pain, stress, anxiety, and depression. X-rays done on 6/28/13 revealed a transitional lumbosacral segment at L5 with no other abnormalities identified. The treating physician's report dated 4/1/14 noted the injured worker had used a home electrical stimulation unit, had 12 physical therapy sessions, 18 chiropractic sessions, and 6 acupuncture sessions. The electrical stimulation and chiropractic therapy was noted to have been helpful. The injured worker complained of constant pain in the lumbosacral spine with pain and numbness extending over the posterior aspect of the right lower extremity to the ankle. Physical therapy treatments included electrical stimulation and infrared therapy. Unfortunately many of the medical documents provided, including physical therapy notes, are handwritten and illegible. A MRI done on 1/28/14 revealed a 5.1 mm disc protrusion at the L3-4 level with spinal canal narrowing and neural foraminal narrowing, an 8 mm disc protrusion at L4-5, and a 2.6 mm right paracentral disc protrusion at L5-S1 which compresses the right L5 and S1 nerves. The injured worker continued to be on modified work duty as of 6/17/14. On 12/26/13 the utilization review (UR) physician denied the request for the purchase of an interferential unit and a 1 month rental of a TENS unit. The UR physician noted interferential stimulation is not recommended as an isolated intervention but is used for patients who have pain that is ineffectively controlled due to diminished effectiveness of medications or that there are significant side effects from the

medications. In addition the UR physician noted there has been no trial of an interferential unit at home for which purchase would be appropriate. Regarding the TENS unit the UR physician noted a TENS unit is not recommended as a primary treatment modality and due to the lack of a trial period of the TENS unit showing evidence of functional improvement the request for a 1 month rental is not necessary. Interferential unit purchase and one-month home-based trial of Neurostimulator TENS/EMS were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER INTERFERENTIAL CURRENT STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation described above. Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.

Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER TENS UNITS, LUMBAR.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: Regarding the request for TENS unit, it appears that the recommendation is actually for a 1-month trial of a combination TENS and EMS unit. Regarding TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Regarding EMS, this is a somewhat generic term, but it appears to refer to a neuromuscular electrical stimulation unit, which is not recommended by the CA MTUS. It is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, while there may be an indication for a trial of a single modality TENS unit, a combination TENS-EMS unit is not supported by the CA MTUS and, unfortunately, there is no provision for modification of the request to allow for a one-month TENS trial. In light of the above issues, the currently requested TENS unit is not medically necessary.