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| <b>Case Number:</b>   | CM14-0105004 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 10/14/2008 |
| <b>Decision Date:</b> | 09/26/2014   | <b>UR Denial Date:</b>       | 06/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/08/2014 |

### 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 Internal 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 patient is an injured worker with neck and low back pain. Mechanism of injury was a fall from boxes. Date of injury was 10/04/2008. Secondary treating physician's progress report dated April 9, 2014 documented subjective complaints of neck and low back pain. Exam of the lumbar spine revealed spasm, painful range of motion, as well as limited range of motion. Positive Lasegue on the right. Positive straight leg raise on the right at 60 degrees. Motor intact bilaterally. There is a healed surgical incision present. Pain L3-4 right-sided. Exam of cervical spine revealed continued restricted range of motion, decreased range of motion, pain with range of motion, tenderness to palpation at facet joints, pain with axial compression. Diagnoses were status post hardware removal, lumbar spine degenerative disc disease, chronic low back pain, breakdown C3-4 with HNP herniated nucleus pulposus annular tear, history of previous L4-5 fusion, and C4-5 and C5-6 disc bulging. Treatment recommendations included TENS / EMS unit / H-wave trial. Utilization review determination date was 06-10-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens Unit/EMS Unit/ H-wave trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 121.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181-183, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Electrical stimulators (E-stim), Functional restoration programs (FRPs) Page(s): 114-121; 45; 49. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat / cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints, Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) states that TENS is not recommended. ACOEM Chapter 12 (Page 300) states that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) state that electrotherapies are not recommended. Work Loss Data Institute guidelines for Neck and Upper Back (acute & chronic) state that electrotherapies are not recommended. Work Loss Data Institute guidelines for Low Back -- lumbar & thoracic (acute & chronic) state that TENS as an isolated intervention is not recommended, and that H-wave stimulation devices as an isolated intervention is not recommended. ACOEM 3rd edition (2011) states that H-wave stimulation is not recommended for low back disorders. Medical records document subjective complaints of chronic neck and low back pain. Diagnoses were status post hardware removal, lumbar spine degenerative disc disease, chronic low back pain, breakdown C3-4 with herniated nucleus pulposus annular tear, history of previous L4-5 fusion, and C4-5 and C5-6 disc bulging. TENS / EMS unit / H-wave was requested. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the medical necessity of TENS and H-wave electrotherapy for neck and back conditions. Therefore, the request for Tens Unit / EMS Unit / H-wave is not medically necessary.