MAXIMUS Federal Services

Case Number:	CM14-0153397		
Date Assigned:	09/23/2014	Date of Injury:	03/03/2006
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 57 year old female with complaints of low back pain and right leg pain. The date of injury is 3/6/06 and the mechanism of injury is lifting injury (lifting heavy coin rolls as a bank teller) leading to her current symptoms. At the time of request for RS4i muscle stimulator TENS unit, there is subjective (low back pain, right leg pain) and objective (normal exam, however no musculoskeletal examination submitted, missing requesting provider exam, only exam submitted from general practitioner medical consult dated 9/28/07) findings, imaging findings (no report submitted), diagnoses (thoracolumbar strain, lumbar discopathy, "excess pain"), and treatment to date (medications, chiropractic manipulation, TENS, physical therapy). Transcutaneous electrical nerve stimulation is generally not recommended for the treatment of chronic pain. A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of TENS in the routine management of chronic LBP. RS4i unit is interferential electrical stimulation utilizing two cross currents that "interfere" with each other allowing deeper penetration of low frequency stimulation for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

RS4i muscle stimulator TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - Lumbar&Thoracic(Acute&Chronic), TENS (transcutaneous electrical nerve stimulation)

Decision rationale: Per ODG treatment decision, Transcutaneous electrical nerve stimulation is generally not recommended for the treatment of chronic pain. A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of TENS in the routine management of chronic LBP. RS4i unit is interferential electrical stimulation utilizing two cross currents that "interfere" with each other allowing deeper penetration of low frequency stimulation for pain relief. Currently, ODG does not differentiate between conventional TENS and interferential stimulation. Therefore, the request for RS4i stimulation is not medically necessary and appropriate.