

Case Number:	CM14-0159374		
Date Assigned:	10/03/2014	Date of Injury:	03/27/2003
Decision Date:	11/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 a 48-year-old male who sustained a work related injury on 03/27/2003 as result of an unknown mechanism of injury. Patient is status post laminectomy with chronic lower back pain. Since then he's complained of lower back pain. Reports that interferential stimulating unit used in physical therapy was helpful and requests a home unit. Examination reveals a guarded gait and the use of a cane for ambulation assistance. Lumbar flexion was markedly limited. Straight leg raise was positive w/ minimal leg elevation bilaterally. In dispute is a decision for TENS (electrical nerve stimulation) and interferential unit QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS(electrical nerve stimulation) and Interferential Unit QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS(electrical nerve stimulation) with Interferential Current Sti.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 114-115.

Decision rationale: TENS, chronic pain (transcutaneous electrical nerve stimulation) Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-

based functional restoration, for the conditions described below. There has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation (ENS) of most types was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. Since the patient is in physical therapy (functional restoration) a guideline authorized 1-month trial is medically necessary.