

Case Number:	CM14-0169505		
Date Assigned:	10/17/2014	Date of Injury:	05/08/2014
Decision Date:	12/02/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family Practice and is licensed to practice in Ohio. 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 39 year old female with a date of injury of 5-8-2014. She began to complain of left hand and wrist pain but ultimately the pain began to involve the lower back and left elbow with numbness and tingling of the left fingers. The physical exam revealed tenderness to palpation of the lumbar paravertebral muscles with normal lumbar range of motion. There was tenderness of the medial left elbow and volar left wrist with full range of motion of each. The diagnoses included lumbago, rule out lumbar disc protrusion/radiculitis, rule out carpal tunnel syndrome, left forearm tendonitis, rule out left epicondylitis, and rule out left ulnar nerve entrapment. She was prescribed Flexeril, Naproxen, and Tylenol with Codeine. Physical therapy, acupuncture, chiropractic, extracorporeal shockwave therapy, and a TENS unit for rental use were ordered simultaneously. It is not clear if any of those modalities are underway or have been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation/electronic muscle stimulator (TENS/EMS)

Unit 2 x a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Therapy Page(s): 114-115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, TENS (Transcutaneous Electrical Nerve Stimulation)

Decision rationale: Per the Official Disability Guidelines, 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 low back pain. There was conflicting evidence about whether TENS was beneficial in reducing back pain intensity and consistent evidence that it did not improve back-specific functional status. There was moderate evidence that work status and the use of medical services did not change with treatment. Patients treated with acupuncture-like TENS responded similarly to those treated with conventional TENS. On June 8, 2012, the Centers for Medicare & Medicaid Services (CMS) issued an updated decision memo concluding that TENS is not reasonable and necessary for the treatment of chronic low back pain based on a lack of quality evidence for its effectiveness. There is strong evidence that TENS is not more effective than placebo or sham. The Chronic Pain Medical Treatment Guidelines state that a TENS unit may be appropriate for neuropathic pain such as that from diabetes, chronic regional pain syndrome type II, phantom limb pain, spasticity associated with spinal cord injury, and muscle spasm associated with multiple sclerosis. The provision of a TENS unit for use twice a day to treat chronic low back pain is therefore unnecessary when the two guideline sources are considered.