

<b>Case Number:</b>	CM14-0023729		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	09/01/1999
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Occupational 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 a 54 year old female who was injured on 09/01/1999. She worked at the [REDACTED]. The patient was attempting to restrain a 100 pound male dog and felt pain in her left posterior leg to her knee. Prior treatment history has included conservative care, physiotherapy and spinal manipulation (chiropractic manipulation) and surgery to lumbar spine status post laminectomy, L5-S1, which has improved her functionality. PR2 dated 11/01/2013 states the patient presents with complaints of low back pain, which she rates at 5/10. This has improved since her previous evaluation where she reported her pain as 7/10. She has improved range of motion and the pain intensity and frequency of the pain has improved as well. The patient would like to continue chiropractic treatment which she states decreases her pain and she has free lumbar spine AROM. On exam, the lumbar spine reveals tenderness in the lumbar region bilaterally. There are trigger points present in the erector spine bilaterally which is moderate. Reflexes are 2+ bilaterally in the patellar and Achilles. Kemp's test is positive bilaterally. Straight leg raise is passive on both sides. Lower extremities muscle testing is 5/5 bilaterally. The assessment is post-op lumbar spine; lumbar muscle spasms, and sacroiliac joint inflammation. The treatment plan includes spinal manipulation, myofascial release, electronic muscle stimulation, and ultrasound. Prior UR dated 01/22/2014 states criteria was not met for the request for electronic muscle stimulation twice a week for 6 weeks for the lumbar; therefore the request is non-certified. 03/28/2014 - Clinic visit note mentioned that the patient's low back pain was at 5/10 and this had improved from her previous evaluation where she complained of 6/10 VAS. The patient stated that chiropractic manipulation had improved her functionality. She had improved ROM and the pain intensity and frequency had improved. The patient wanted to continue the chiropractic treatment which she stated increased her pain free L/S AROM especially her left and right lateral bending. The patient stated that the electric

stimulation helped to relieve her L/S muscle spasms. On exam, the lumbar spine revealed tenderness in the lumbar region bilaterally. There were trigger points present in the erector spine bilaterally which was moderate.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ELECTRONIC MUSCLE STIMULATION 2 TIMES PER WEEK FOR 6 WEEKS**

**LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines mention that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain, phantom limb pain, CRPS(Complex regional Pain Syndrome) II, spasticity in spinal cord injury and Multiple sclerosis (MS). The documentation stated that the patient had already used electric stimulation, which helped her relieve her lumbar spine muscle spasms. It is unclear if the patient had already utilized this treatment modality longer than a 1 month home-based trial. TENS does not appear to have an impact on perceived disability or long term pain. One of the criteria for the use of TENS for chronic intractable pain is that there must evidence that other appropriate pain modalities have been tried ( including medication) and failed. The medical records do not provide this evidence. Although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS were considered of relatively poor methodological quality. Based on the Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.