Case Number:	CM14-0048010		
Date Assigned:	07/02/2014	**Date of Injury:**	07/13/2010
Decision Date:	08/25/2014	**UR Denial Date:**	03/21/2014
Priority:	Standard	**Application Received:**	04/16/2014

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 claimant injured his low back on 07/13/10 when he was struck by an object. A neurostimulator TENS-EMS unit rental with supplies has been requested for 10 months. There is no evidence of a TENS trial. There were also several requests in late 2013 for a TENS unit and some statements that he had used one in the past with benefit. The claimant was seen on 12/12/13. He was having difficulty obtaining his medications. He had low back pain that was severe and he required Norco for baseline pain relief. Naproxen was prescribed for pain. He also has chronic GERD symptoms. A TENS/EMS unit for chronic pain was requested. He has been on the same medications for a prolonged period of time. A TENS unit was also ordered on 10/17/13. On 02/13/14, extended rental of a neurostimulator TENS-EMS was requested. The claimant saw [redacted] on 02/20/14. He reported that without his medications he was in bed nearly all day. His lumbar spine had spasm with painful and limited range of motion. He had spasm and positive straight leg raising bilaterally at 50. He had mild weakness and decreased sensation bilaterally at the S1 distribution. He was tender. He was diagnosed with discogenic disease and radiculopathy with chronic low back pain. He received medications including Anaprox, Prilosec, Norco, and Colace and a TENS unit was to be continued along with an LSO for spine stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS-EMS unit rental with supplies x10 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS/electrical nerve stimulation.

Decision rationale: The history and documentation do not objectively support the request for a neurostimulator TENS-EMS unit rental with supplies for 10 months. The MTUS TENS, chronic pain (transcutaneous electrical nerve stimulation) states TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)In this case, none of the listed diagnoses have been documented. In addition, there has been no documented short term (typically 30 days) trial of a neurostimulator TENS-EMS unit in conjunction with an independent home exercise program and followed by an assessment of objectively measurable benefit and functional improvement. In the absence of this type of documentation, the medical necessity of a neurostimulator TENS-EMS unit rental with supplies for 10 months has not been demonstrated.