

Case Number:	CM14-0072357		
Date Assigned:	07/16/2014	Date of Injury:	12/08/1999
Decision Date:	09/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 52-year-old female who has submitted a claim for lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis, obesity, depressive disorder, chronic pain syndrome, osteoarthritis, myalgia and myositis, and sleep disturbance; associated with an industrial injury date of 12/08/1999. Medical records from 2006 to 2014 were reviewed and showed that patient complained of diffuse neck, low back, right hip and bilateral lower extremity pain. The pain is described as aching and lancinating, exacerbated by periods of increased activity and relieved by medications and injection therapy. Physical examination showed that the patient had a mildly antalgic gait. Tenderness was noted over the neck, low back, right hip and bilateral lower extremities. Deep palpation resulted in distal radiation of pain. Range of motion was globally and regionally reduced. Weakness of plantar flexors was noted. Straight leg raise test was positive. Hyporeflexia of the Achilles was noted. Sensation of the region reveals dysesthetic sensations throughout the affected area. Treatment to date has included medications, acupuncture, chiropractic therapy, physical therapy, epidural steroid injection, and TENS. Utilization review, dated 05/13/2014, denied the request for a TENS unit because there was no documentation of an ongoing or planned rehabilitation program, no report of functional benefit from electric stimulation from prior home use, and no documentation of neuropathic pain or spasticity for complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

transcutaneous electrical nerve stimulation unit for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 303, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation non cited chapters for pgs 60, 114-116.

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

Decision rationale: As stated on page 114 of the CA MTUS Chronic Pain Medical Treatment Guidelines, electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. TENS is not recommended as a primary treatment modality, but a trial may be considered if used with functional restoration program. However, current evidence regarding long-term effectiveness is inconclusive. In this case, the patient presented with neck, low back, right hip and bilateral lower extremity pain with radicular symptoms despite medications, TENS, and other treatment modalities. However, patient has been using TENS since at least March 2014, with no evidence of functional benefit from its use. Guidelines do not support long-term use of TENS. Moreover, there is no discussion regarding concurrent functional restoration program. Lastly, the present request as submitted failed to indicate whether the requested unit was for rental or purchase. Therefore, the request for Transcutaneous Electrical Nerve Stimulation Unit for Lumbar Spine is not medically necessary.