

Case Number:	CM14-0089686		
Date Assigned:	07/23/2014	Date of Injury:	05/15/2000
Decision Date:	08/27/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 Internal 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:

Patient is an injured worker with lumbosacral conditions. Date of injury was 05-15-2000. Periodic office visit note dated May 25, 2014 was reported by [REDACTED]. Subjective complaints included lower backache, bilateral knee pain, bilateral ankle pain, and left foot pain. Past surgical history is significant for intradiscal electrothermal annuloplasty (IDET) at the L4-L5 level performed in 1999, follow-up discectomy surgery performed in 2001. Medications include Norco and Lidoderm. Objective findings included loss of normal lordosis with straightening of the lumbar spine, restricted range of lumbar spine motion, lumbar paravertebral muscles spasm and tenderness, positive straight leg raising test, lower extremity weakness. Diagnoses were lumbar radiculopathy, spinal lumbar degenerative disc disorder, and low back pain. Treatment plan included home exercises, Norco, Lidoderm. Request for authorization (RFA) dated 05/28/2014 requested TENS unit for the diagnoses lumbar radiculopathy, spinal lumbar degenerative disc disorder, low back pain. Utilization review decision date was 06-04-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulator (TENS): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrical nerve stimulation (TENS). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints Summary of Recommendations for Evaluating and Managing Low Back Complaints (Table 12-8) states that TENS units are not recommended of low back conditions. MTUS Chronic Pain Medical Treatment Guidelines state that TENS does not appear to have an impact on perceived disability or long-term pain. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. TENS is not recommended as a primary treatment modality, but TENS may be considered as an option, if used as an adjunct to an evidence-based functional restoration programs (FRP) for the conditions described below. Complex regional pain syndrome (CRPS I, CRPS II), diabetic neuropathy, post-herpetic neuralgia, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis are the conditions that may be consider according to MTUS guidelines. Criteria for TENS use requires documentation of chronic intractable pain for the conditions noted above. Medical records do not document enrollment in an evidence-based functional restoration program (FRP), which is an MTUS requirement for TENS. Medical records do not document the diagnoses CRPS I, CRPS II, diabetic neuropathy, post-herpetic neuralgia, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis, which are the conditions that merit consideration for TENS according to MTUS guidelines. Therefore, medical records do not support the medical necessity of TENS, in accordance with MTUS guidelines. TENS is not recommended by the American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) for low back conditions (Page 308). Therefore, the request for transcutaneous electrical nerve stimulator (TENS) is not medically necessary.