

Case Number:	CM14-0008537		
Date Assigned:	02/12/2014	Date of Injury:	08/17/2012
Decision Date:	04/17/2015	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35-year-old male sustained a work related injury on 08/17/2012. According to a progress report dated 12/20/2013, the injured worker complained of intermittent pain in his low back associated with burning and tingling sensation in the lower extremities. Pain was rated 8 on a scale of 0-10 without medications or therapy and 1 with medications only. He also experienced some heartburn symptoms. Diagnoses included lumbar spine herniated nucleus pulposus, possible muscular/tendon tear of the abdominal wall, insomnia, gastro esophageal reflux disease and history of gastritis. According to the provider, the injured worker was in the chronic phase of treatment. He had shown some subjective improvement in terms of pain, but had not shown objective improvement in terms of tenderness and range of motion or functional restoration in terms of work ability. The provider recommended TENS/EMS (Transcutaneous Electrical Nerve Stimulation/Electronic Muscle Stimulator) unit to help manage the persistent pain in his lower back. The provider cited CA MTUS ACOEM Practice Guidelines, page 48 and CA MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine for the rationale for requesting a TENS/EMS unit. The injured worker was temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN EMS UNITS FOR LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. MTUS Chronic Pain Medical Treatment Guidelines indicates that several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that physical modalities such as diathermy, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. Medical records document low back complaints. MTUS and ACOEM guidelines do not support the use of transcutaneous electrical nerve stimulation (TENS) for low back conditions. Therefore, the request for TENS is not supported by MTUS or ACOEM guidelines. Therefore, the request for a TENS unit is not medically necessary.