

Case Number:	CM14-0172946		
Date Assigned:	10/23/2014	Date of Injury:	05/27/2014
Decision Date:	02/11/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Practice, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 injured worker is 37 year old male who sustained a work related injury on 5/27/2014. The injured worker stated while at work he lifted a bundle of paper when felt pain and discomfort to his lower back , he reported the injury to his supervisor and was referred to the clinic where he received an examination of his low back , x-rays and medications and was later placed in physical therapy which had little results. The injured worker continues to have pain and discomfort. Diagnoses consist of acute lumbosacral strain, neuralgia, neuritis, sprains and strain of Lumbar and Radiculopathy. Treatments have included medications and physical therapy. According to the physician's progress report (PR2) dated 09/11/2014, the evaluating physician documented that the injured worker complained of intermittent, moderate and sharp low back pain and stiffness which extended to both legs with numbness and tingling sensation. Physical examination revealed tenderness to his, sacroiliac joint, coccyx, lumbar muscles, his sacrum and spinous processes and the injured worker had an abnormal gait. The injured worker was scheduled to undergo a NCV/EMG study bilaterally 09/17/2014 results were not submitted in the clinical records for this review. This is a review for decision for One month home based trial of Neurostimulator TENS, the reason for the request was made to control lower back pain, On 10/03/2014 Utilization Review non-certified the request the for One month home based trial of Neurostimulator TENS; information describing the criteria necessary to establish the medical necessity for the durable goods item; documentation of how often the unit will be used as well as the length of time it will be used and where the pads will be placed with a treatment plan that included specific short and long term goals of treatment the TENS unit were not submitted in the clinical records for review. Therefore, the request for One month home based trial of Neurostimulator TENS was recommended for non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of Neurostimulator TENS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: According to the MTUS, there has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation of most types was applied to any anatomic location of chronic musculoskeletal pain. The MTUS provides criteria for the use of TENS for chronic intractable pain. The first criterion is documentation of pain of at least three months duration. This has been documented. The second criteria is evidence that appropriate pain modalities have been tried and failed. There is documentation of continued pain despite medications and physical therapy. The third criterion is that a one month trial of TENS should be documented. It is the one month trial that is being requested. The fourth criteria is documentation of other ongoing pain treatment during the trial period. This would imply that these criteria are meant for the long term use of TENS, not the trial period. The fifth criterion is a treatment plan including specific short- and long-term goals of treatment. In this case TENS was requested to "control pain in lower back". While more specificity may be preferable, the control of pain in lower back can serve as both short and long term goal for the trial period. Further detailed short and long term goals can be determined after measuring the response during the trial period. Furthermore, as discussed above, the criteria themselves seem to imply that they are applicable for long term use of TENS and not the 30 day trial period. Medical necessity for 30 day use of TENS has been adequately established.