

Case Number:	CM14-0187401		
Date Assigned:	12/10/2014	Date of Injury:	04/15/2013
Decision Date:	01/15/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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 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:

This is a 32 year old male patient who sustained a work related injury on 04/15/2013. Patient sustained the injury when he was hit in the back by a very heavy iron beam which fell about three feet. The current diagnoses include thoracic sprain/strain, lumbar sprain/strain, contusion of chest, and myofascial pain per the doctor's note dated 10/27/2014, patient has complaints of pain at 5 out of 10 pain in the low back that was constant, stabbing, worse with cold weather and activity. Physical examination revealed tenderness to palpation in the lumbar spine and paraspinal muscles and painful ROM. The provider indicated that the worker was to continue on modified work restrictions with a 25 pound restriction. The current medication lists include Naproxen and Tramadol. The patient has had MRI of the lumbar spine on November 11 2013, that revealed L2-L3 L5 mm disc bulge and central canal narrowing; EMG/NCV of the lower Extremities on 11/20/2013 that was Normal; CT scan revealed mild right neural foraminal narrowing, Facet hypertrophy with mild neural foraminal narrowing noted on the right at L5-S1 and bilateral L4-5 levels. Any surgical or procedure note related to this injury were not specified in the records provided. Any operative/ or procedure note was not specified in the records provided. The patient has received an unspecified number of the PT, acupuncture, Massage Therapy visits for this injury. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 10/27/2014, TENS patches (2): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300, Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: According the cited guidelines, electrical stimulation (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. 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)." According the cited guidelines, Criteria for the use of TENS is "- There is evidence that other appropriate pain modalities have been tried (including medication) and failed.- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted" Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. The patient has received an unspecified number of the PT, acupuncture, Massage Therapy visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the TENS unit is not fully established therefore the medically necessity of the supplies for the TENS unit including the TENS patches (Retrospective for date of service 10/27/2014), is also not fully established.