

Case Number:	CM14-0194935		
Date Assigned:	12/02/2014	Date of Injury:	04/08/2013
Decision Date:	05/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/20/2014

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. 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: Emergency 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:

The injured worker is a 29-year-old male, who sustained an industrial injury on 4/8/2013. He reported feeling a pop in his lumbar spine radiating down into his legs with a burning sensation when bending down and picking up boxes. Diagnoses have included low back pain, chronic lumbar spine sprain/strain, lumbar facet hypertrophy, lumbar spine L4-5 foraminal stenosis and bilateral sacroiliitis. Treatment to date has included physical therapy, lumbar brace, epidural steroid injection (ESI) and medication. According to the progress report dated 9/15/2014, the injured worker complained of severe pain in his lumbar spine rated 5/10 radiating into his legs. Physical exam revealed the injured worker's lumbar rotation showed substitution of hip flexors. There was tenderness along the L4-5 region and into the sacroiliac (SI) joints. Authorization was requested for purchase of Transcutaneous Electrical Nerve Stimulation (TENS)/Electrical Muscle Stimulation (EMS) unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) /Electrical Muscle Stimulation(EMS) Unit with Supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The request is for purchase of a transcutaneous electrical nerve stimulation unit. TENS consists of an electrical pulse generator connected to skin-surface electrodes that apply stimulation to peripheral nerves at well-tolerated frequencies. Electrodes can either be placed at the site of pain or other locations, using a trial and error methodology. A TENS unit can be varied by amplitude, pulse width (duration) and pulse rate (frequency). The difference between clinical effectiveness of the modalities has not been well defined. The use of a TENS unit 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 certain specific conditions. These conditions are predominantly related to spasticity, neuropathic pain, phantom limb, and chronic regional pain syndrome. 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. Several published evidence-based assessments of transcutaneous electrical nerve stimulation have found that evidence is lacking concerning effectiveness. For chronic, intractable pain, the MTUS guidelines suggest criteria for use of TENS: physician notes should clearly document pain of at least three months duration; there is evidence that other appropriate pain modalities have been tried (including medication) and failed; a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; other ongoing pain treatment should also be documented during the trial period including medication usage; a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The records available for review lack documentation of a clear trial period or outcomes and short and long-term goals for treatment. There is not sufficient documentation to clearly demonstrate a benefit to the injured worker. The request as written is not supported by the MTUS guidelines and is therefore not medically necessary.