

Case Number:	CM14-0206056		
Date Assigned:	12/18/2014	Date of Injury:	02/02/2011
Decision Date:	02/11/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/09/2014

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:

The patient is an injured worker with low back complaints. The patient sustained an industrial injury on February 02, 2011. The patient slipped and fell landing on her right knee and while putting pressure on the right arm as she tried to break the fall. She developed pain in the right shoulder, right knee and left ankle. The primary treating physician's progress report dated May 23, 2014 documented low back pain. The physical therapy evaluation report dated October 13, 2014 documented low back pain with radiating right leg pain. The progress report dated October 31, 2014 noted that the patient has been attending aquatherapy. The pain is present in the lumbar region with lower extremity involvement. The patient saw a neurologist about two weeks ago and he recommended to take Excerin for headache. Physical examination of the lumbar spine revealed tenderness to the right lumbar paraspinal muscles, and tenderness in the right sacroiliac joint. Straight leg raise test is positive at eighty degrees in the right and negative at ninety degrees on the left. The patient has difficulty with heel and tiptoe gait on the right side. The patient was diagnosed with lower back pain, right sciatic pain, right leg pain, sleep disturbance, depression and right shoulder pain. The patient was advised to continue aquatherapy, Motrin for pain, and continue home exercise program. Transcutaneous electrical neurostimulation TENS unit for the lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Body Part for Lumbar Spine: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. 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) states 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) states that TENS is not recommended. The medical records document low back complaints. MTUS and ACOEM guidelines do not support the use of TENS for low back conditions. Therefore, the request for TENS Unit Body Part for Lumbar Spine is not medically necessary.