

Case Number:	CM14-0077290		
Date Assigned:	07/18/2014	Date of Injury:	08/30/2010
Decision Date:	03/09/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 53 year old male who sustained a work related injury on 8/30/2010. The mechanism of injury has not been provided with the clinical documentation submitted for review. Per the treating physician's progress report dated 3/14/2014 the injured worker reported 9 out of 10 constant low back pain with occasional radiation to the left leg with associated numbness, tingling and burning. The pain improves with medication but not to a tolerable level. Objective physical examination revealed tenderness in the lumbar spine with decreased range of motion. Diagnoses included L5-S1 radiculopathy; left greater than right, based on magnetic resonance imaging (MRI) dated June 24, 2013. The plan of care included surgical intervention. On 3/24/2014, the injured worker underwent an anterior trans-pelvic partial corpectomy of S1, L5 with discectomy at L4-5 and L5-S1, reduction of spondylolisthesis followed by anterior interbody fusion and placement of transplanted screw followed by a posterior separate incision. There was minimally invasive pedicle screw placement and posterolateral fusion. Iliac crest bone was harvested. On 4/24/2014, aquatic therapy, 3x6 and TENS-EMS rental unit was requested. On 4/30/2014, Utilization Review non-certified a prescription for TENS-EMS rental for 12 months based on lack of a clinical trial with documented functional improvement. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS-EMS Unit Rental for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain, Criteria for use of TENS. Decision based on Non-MTUS Citation BlueCross BlueShield, 2007; CMS Guidelines; Aetna & Humana; US Dept VA, 2001; European Federation of Neurological Studies (EFNS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation; Neuromuscular electrical stimulation Page(s): 114,.

Decision rationale: California MTUS chronic pain guidelines do not recommend transcutaneous electrical nerve stimulation as a primary treatment modality. However, a 1 month home-based TENS unit trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. As several published evidence-based assessments of transcutaneous electrical nerve stimulation have found, evidence is lacking concerning effectiveness. A home based treatment trial of one month is appropriate for neuropathic pain. Recent studies have also concluded 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 such as back pain for any length of treatment. The guidelines do require a one month home-based trial to determine efficacy. As such, the request for 1 months rental of TENS unit is appropriate. However, the guidelines do not recommend a neuromuscular electrical stimulator for chronic pain. It is indicated for rehabilitation following a stroke. The request as stated is for a combined TENS and EMS unit which is not supported by guidelines and as such, the medical necessity of the combined unit is not established.