MAXIMUS Federal Services

Case Number:	CM15-0004130		
Date Assigned:	01/15/2015	Date of Injury:	03/28/2013
Decision Date:	03/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 year old male, who sustained an industrial injury on 03/28/2013. On physician visit dated 11/12/2014 he has reported ongoing lower back pain that radiates down right buttocks. On examination he was noted to have tenderness at the L4-L5, L5-S1 level and over the left sacroiliac joint. He was noted to have to a positive Faber and Gaenslen's sign. The diagnoses have included disc protrusion L4-L5 left sided intraforaminal region, chondral nerve root mild to moderate left foraminal narrowing and mild right foramina narrowing, disc protrusion L5-S1 right paracentrally, left sided sacroiliitis, and left lower extremity radiculopathy. Treatment to date has included a sacral belt and physical therapy. Treatment plan during visit was TENS Unit purchase for home use to help manage their chronic intractable pain. On 12/19/2014 Utilization Review modified TENS Unit purchase. The 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 unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Pain section, TENS unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit for purchase is not medically necessary. TENS for chronic pain 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 including reductions in medication. While TENS may reflect the long-standing accepted standard of care within medical communities, the results of studies are inconclusive. Published trials do not provide information on stimulation parameters, which are most likely to produce optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments have found evidence is lacking concerning effectiveness. The criteria for use of TENS are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, evidence that other pain modalities have been tried and failed; for one month trial period of TENS should be documented as an adjunct within a functional restoration approach with documentation of how often the unit was used and outcomes in terms of pain relief and function, rental is preferred over purchase during trial; other ongoing pain treatment should be documented including medication use; and a treatment plan specific short and long-term goals should be documented; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are disc protrusion at L4-L5 left-sided intraforaminal region; chondral nerve root mild-to-moderate left foraminal narrowing and mild right foraminal narrowing; disc protrusion, 5 mm at L5-S1 right paracentrally; left-sided sacroiliitis; and left lower extremity radiculopathy. Subjectively, the injured worker has ongoing back pain that radiates down his right buttock. Objectively, there is focal tenderness at the L4- L5 and L5-S1 levels. There is exquisite tenderness along the left SI joint. The treating physician indicates the injured worker is a great benefit of a TENS unit during the course of his current therapy. The treating physician indicates the injured worker had a TENS trial with success in controlling pain along with minimizing pain medications. This "trial" was during physical therapy. Physical therapy documentation did not contain evidence of objective functional improvement with ongoing physical therapy. Additionally, although the TENS unit was applied during physical therapy there was no documentation of its beneficial effect. The guidelines recommend a one-month trial with documentation of how often the unit was used and outcomes in terms of pain relief and function. A treatment plan with specific short and long-term goals should be documented. Lastly, the guidelines state: While TENS may reflect the long-standing accepted standard of care within medical communities, the results of studies are inconclusive. Published trials do not provide information on stimulation parameters, which are most likely to produce optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments have found evidence is lacking concerning effectiveness. Consequently, absent clinical documentation supporting the criteria for TENS enumerated in the Official Disability Guidelines, TENS unit for purchase is not medically necessary.