

Case Number:	CM15-0132933		
Date Assigned:	07/21/2015	Date of Injury:	10/30/2000
Decision Date:	08/26/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old male, who sustained an industrial injury on 10/30/2000. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar degenerative disc disease, status post multiple lumbar surgeries including fusion, failed back syndrome with neurogenic and radicular symptoms, and bilateral hip bursitis. Treatments to date include medication therapy, physical therapy, trigger point injections, sacroiliac joint injections, and median branch blocks. Currently, he complained of low back pain with pain and numbness to bilateral lower extremities. On 6/5/15, the physical examination documented tenderness, muscle spasms and trigger point to lumbar spine with decreased range of motion and decreased sensation in the lower extremities. The plan of care included GSMHD combo TENS unit with HAN, eight (8) pairs of electrodes and six (6) batteries.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSMHD combo TENS unit with HAN, 8 pairs of electrodes and 6 batteries: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TENS/NMES Page(s): 114-116, 121.

Decision rationale: The patient was injured on 10/30/00 and presents with back pain. The request is for GSMHD COMBO TENS UNIT WITH HAN, 8 PAIRS OF ELECTRODES AND 6 BATTERIES. The RFA is dated 06/08/15 and the patient current work status is not provided. There is no indication of any prior TENS unit use. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality but a 1-month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. For muscle stimulation, the MTUS Guidelines page 121 on neuromuscular electrical stimulation "NMES devices" states, "not recommended. NMES is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There is no intervention trials suggesting benefit from NMES for chronic pain." The patient has paraspinal spasm, a reduced range of motion, an abnormal sensory exam, and trigger points along the sciatic notch, iliac crest, and lumbar paraspinals L4-5. He is diagnosed with lumbar degenerative disc disease, status post multiple lumbar surgeries including fusion, failed back syndrome with neurogenic and radicular symptoms, and bilateral hip bursitis. Treatments to date include medication therapy, physical therapy, trigger point injections, sacroiliac joint injections, and median branch blocks. In this case, there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. The patient does present with radicular symptoms and a trial of TENS may be reasonable. However, it is unclear if the treater is requesting for a one-month trial or a purchase. Therefore, the request IS NOT medically necessary.