

Case Number:	CM15-0133479		
Date Assigned:	07/21/2015	Date of Injury:	06/04/2011
Decision Date:	08/18/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/10/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 was a 56-year-old female, who sustained an industrial injury, June 4, 2011. The injury occurred when the injured worker was working as a waiter and lifted a tray of dishes. The injured worker had to bend and lift the tray of dishes on her shoulder as she lifted the weight of the dishes shifted to the side so to avoid dropping the tray she bent to put it down and felt pain in the back and left groin. The injured worker previously received the following treatments physical therapy, medications, acupuncture, lumbar x-rays, CT scan of the lumbar spine and MRI, chiropractic services, 3 epidural injections and neurologist. The injured worker was diagnosed with left inguinal hernia repair on January 30, 2015. According to progress note of May 5, 2015, the injured worker's chief complaint was low back pain with radiation into the left leg. The injured worker rated the pain at 8 out of 10, with the least pain at 7 out of 10 and on average, the pain was 7 out of 10. The pain was made worse by bending, increased activity, movement and sitting for long periods of time. The injured worker was dependent on others for activities of daily living, difficulty sleeping due to pain, frustration because of pain, non-restful sleep, numbness and restrictions with activities, unable to fall asleep and stay asleep due to the pain. The physical exam noted there was tenderness over the lumbar facet joints. There were trigger points over the gluteus maximus and gluteus minimus muscles. There were no motor or sensory deficits on gross exam. The treatment plan included four lead TENS (transcutaneous electrical nerve stimulator) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit with supplies for the lumbar (unspecified if purchase or rental): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation). 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 the conditions described below. 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition, there must be a 30-day trial with objective measurements of improvement. These criteria have not been met in the review of the provided clinical documentation and the request is not medically necessary.