

Case Number:	CM15-0137977		
Date Assigned:	07/27/2015	Date of Injury:	03/18/2012
Decision Date:	08/27/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, California

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 is 40 a year old male who sustained an industrial injury on 3-18-12. Diagnoses are chronic non-specific low back pain and recurrent sciatica. In a progress note dated 4-22-15, a treating physician reports chief complaints of recurrent muscle spasms and back pain. Pain is described as sharp, stabbing, throbbing, and achy, radiating down the right calf area that is a constant 7 out of 10. He had some recurrent frequent flare ups of back pain over the last several weeks which are getting more frequent with bending and twisting at the waist, prolonged sitting, standing and walking. He reports tingling and weakness going through his legs. He reports muscle spasms and achiness shooting across his low back over the last 3-4 weeks along with problems sleeping. It is noted he has been stressed, depressed and withdrawn. He has moderate difficulty with activities of daily living. Current medications are Colace, Cyclobenzaprine, Ibuprofen, Omeprazole, Butrans, Oxycodone HCL, and Lunesta. Noted is an allergy to Corticosteroids (Glucocorticoids). Physical exam notes range of motion of the lumbar spine is as follows; forward flexion is 30 degrees, extension is neutral, and rotation right and left is 20 degrees. Parasthesias along the lateral aspect of the right calf are noted. Patrick's test and a Sacroiliac joint compression test are positive as well as a facet maneuver test, which is positive bilaterally. The treatment plan is a short course of physical therapy. Work status is temporary total disability. Previous treatment includes a back brace, physical therapy, medication, and a home exercise program. The requested treatment is electrodes for E-Stim, quantity of 4, for the retrospective date of service 6-15-15. The patient sustained the injury when he bent down to pick up lunch crates. Patient had received facet nerve block for this injury. The patient had used a TENS and H wave unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 6/15/15 Electrodes for E-Stim x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) page 114.

Decision rationale: Retrospective DOS: 6/15/15 Electrodes for E-Stim x4. According the cited guidelines, electrical stimulation (TENS), 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, 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."

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). According the cited guidelines, Criteria for the use of TENS is " There is evidence that other appropriate pain modalities have been tried (including medication) and failed." A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. The patient had received an unspecified number of the PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of electrical stimulation is not fully established therefore the medical necessity of the request for the supplies that go with the electrical stimulation unit, Retrospective DOS: 6/15/15 Electrodes for E-Stim x4, is also not fully established for this patient.