

Case Number:	CM15-0180918		
Date Assigned:	09/22/2015	Date of Injury:	09/15/2014
Decision Date:	11/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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: Emergency 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 42 year old female, who sustained an industrial injury on 9-15-2014. She reported injuries to the neck, low back, bilateral shoulders and bilateral wrists from continuous trauma. Diagnoses include cervical spine sprain-strain with myofascitis, lumbar spine sprain-strain with myofascitis, and bilateral wrist tendonitis. Treatments to date include activity modification, medication therapy, chiropractic therapy, and trigger point injections. Currently, she complained of increased neck pain with painful wrists and shoulders noted. The pain was rated 9 out of 10 VAS. On 5-24-15, the physical examination documented limited cervical and lumbar range of motion. There was a positive compression test and a positive straight leg raise test noted for the right side. The plan of care included a lumbar brace, weight loss and a home TENS unit. On 8-3-15, there were no new subjective or objective findings documented. The provider documented that the injured worker was currently using a TENS unit daily for pain control with no medication necessary because the pain in controlled with the TENS use. The appeal requested authorization for a TENS unit (indefinite use); Electrodes; Skin prep pads; batteries and lead wires. The Utilization Review dated 8-18-15, denied the request "the medical necessity for a TENS unit and supplies have not been established." Citing the California Medical Treatment Utilization Schedule (MTUS Chronic Pain Treatment Guidelines).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (indefinite use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar the thoracic/TENS (transcutaneous electrical nerve stimulation).

Decision rationale: The request is for the use of TENS unit therapy to aid in low back pain. The ODG state the following regarding this topic: Not recommended as an isolated intervention, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. Acute: Not recommended based on published literature and a consensus of current guidelines. No proven efficacy has been shown for the treatment of acute low back symptoms. (Herman, 1994) (Bigos, 1999) (van Tulder, 2006) Chronic: Not generally recommended as there is strong evidence that TENS is not more effective than placebo or sham. (Airaksinen, 2006) There is minimal data on how efficacy is affected by type of application, site of application, treatment duration, and optimal frequency / intensity. (Brousseau, 2002) There are sparse randomized controlled trials that have investigated TENS for low back pain. One study of 30 subjects showed a significant decrease in pain intensity over a 60-minute treatment period and for 60 minutes after. (Cheing, 1999) A larger trial of 145 subjects showed no difference between placebo and TENS treatment. (Deyo, 1990) Single-dose studies may not be effective for evaluating long-term outcomes, or the standard type of use of this modality in a clinical setting. (Milne-Cochrane, 2001) (Sherry, 2001) (Philadelphia Panel, 2001) (Glaser, 2001) (Maher, 2004) (Brousseau, 2002) (Khadikar, 2005) (Khadikar 2, 2005) Although electrotherapeutic modalities are frequently used in the management of CLBP, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. TENS does not appear to have an impact on perceived disability or long-term pain. High frequency TENS appears to be more effective on pain intensity when compared with low frequency, but this has to be confirmed in future comparative trials. It is also not known if adding TENS to an evidence-based intervention, such as exercise, improves even more outcomes, but studies assessing the interactions between exercise and TENS found no cumulative impact. (Poitras, 2008) For more information, see the Pain Chapter. Recent research: A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of TENS in the routine management of chronic LBP. There was conflicting evidence about whether TENS was beneficial in reducing back pain intensity and consistent evidence that it did not improve back-specific functional status. There was moderate evidence that work status and the use of medical services did not change with treatment. Patients treated with acupuncture-like TENS responded similarly to those treated with conventional TENS. (Khadikar-Cochrane, 2008) On June 8, 2012, the Centers for Medicare & Medicaid Services (CMS) issued an updated decision memo concluding that TENS is not reasonable and necessary for the treatment of chronic low back pain based on a lack of quality evidence for its effectiveness. Coverage is available only if the beneficiary is enrolled in an approved clinical study. (Jacques, 2012) As stated above the use of TENS therapy in low back pain is not indicated. There is a lack of quality evidence for its effectiveness. As such, the request is not medically necessary.

Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar the thoracic/TENS (transcutaneous electrical nerve stimulation).

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Skin prep pads for TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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Decision rationale: The request is for the use of TENS unit therapy to aid in low back pain. The ODG state the following regarding this topic: Not recommended as an isolated intervention, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. Acute: Not recommended based on published literature and a consensus of current guidelines. No proven efficacy has been shown for the treatment of acute low back symptoms. (Herman, 1994) (Bigos, 1999) (van Tulder, 2006) Chronic: Not generally recommended as there is strong evidence that TENS is not more effective than placebo or sham. (Airaksinen, 2006) There is minimal data on how efficacy is affected by type of application, site of application, treatment duration, and optimal frequency/intensity. (Brousseau, 2002) There are sparse randomized controlled trials that have investigated TENS for low back pain. One study of 30 subjects showed a significant decrease in pain intensity over a 60-minute treatment period and for 60 minutes after. (Cheing, 1999) A larger trial of 145 subjects showed no difference between placebo and TENS treatment. (Deyo, 1990) Single-dose studies may not be effective for evaluating long-term outcomes, or the standard type of use of this modality in a clinical setting. (Milne-Cochrane, 2001) (Sherry, 2001) (Philadelphia Panel, 2001) (Glaser, 2001) (Maher, 2004) (Brousseau, 2002) (Khadikar, 2005) (Khadikar2, 2005) Although electrotherapeutic modalities are frequently used in the management of CLBP, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. TENS does not appear to have an impact on perceived disability or long-term pain. High frequency TENS appears to be more effective on pain intensity when compared with low frequency, but this has to be confirmed in future comparative trials. It is also not known if adding TENS to an evidence-based intervention, such as exercise, improves even more outcomes, but studies assessing the interactions between exercise and TENS found no cumulative impact. (Poitras, 2008) For more information, see the Pain Chapter. Recent research: A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of TENS in the routine management of chronic LBP. There was conflicting evidence about whether TENS was beneficial in reducing back pain intensity and consistent evidence that it did not improve back-specific functional status. There was moderate evidence that work status and the use of medical services did not change with treatment. Patients treated with acupuncture-like TENS responded similarly to those treated with conventional TENS. (Khadikar-Cochrane, 2008) On June 8, 2012, the Centers for Medicare & Medicaid Services (CMS) issued an updated decision memo concluding that TENS is not reasonable and necessary for the treatment of chronic low back pain based on a lack of quality evidence for its effectiveness. Coverage is available only if the beneficiary is enrolled in an approved clinical study. (Jacques, 2012) As stated above the use of TENS therapy in low back pain is not indicated. There is a lack of quality evidence for its effectiveness. As such, the request is not medically necessary.

Batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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Lead wires: Upheld

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