

Case Number:	CM15-0181038		
Date Assigned:	09/22/2015	Date of Injury:	03/13/2006
Decision Date:	10/30/2015	UR Denial Date:	08/22/2015
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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 36 year old male, who sustained an industrial injury on 3-13-2006. The injured worker was diagnosed chronic back pain, lumbar region sprain, and lumbar radiculopathy. The request for authorization is for: TENS unit trial for the lumbar spine. The UR dated 8-22- 2015: non-certified TENS unit trial for the lumbar spine. On 4-21-15, he is reported to have tried TENS unit previously which was noted as "helpful for flare-ups". On 6-30-15, he reported increased back pain and leg weakness. On 8-11-15, he reported low back pain rated 4 out of 10 with medications and 8 out of 10 without medications. He indicated there to be no new problems or side effects. Physical findings revealed the lumbar spine with restricted range of motion and tenderness. He is not working. The treatment and diagnostic testing to date has included: urine drug screen (4-21-15, 8-11-2015), medications, blood work (9-21-2014), CURES (3-24-15), QME (2-24-2010, 1-16-2007), lumbar epidural steroid injection (10-28-2009), electrodiagnostic studies (4-27-2009), magnetic resonance imaging of the lumbar spine (5-19-2006, 4-9-2009), physical therapy, and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit trial for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: 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. The medical records provided for review regarding recent treatment does not support ongoing use of TENS unit or demonstrate objective functional gain from the use of a TENS unit in support of ongoing use. As such TENS unit is not supported.