

Case Number:	CM15-0184549		
Date Assigned:	09/25/2015	Date of Injury:	01/23/2011
Decision Date:	11/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 56-year-old male, who sustained an industrial injury on 1-12-11. He is diagnosed with lumbago. His work status is disabled. A note dated 8-21-15 reveals the injured worker presented with complaints of muscle spasms and stiffness in his low back during flare-ups. The low back pain radiates to his left lower extremity. He also reports left knee pain. A note dated 2-16-15 reveals complaints of constant bilateral low back pain that radiates to his left knee and is described as aching and rated at 9 out of 10. The pain is increased by rising from a seated position, sitting, standing and twisting. The pain is alleviated by changing positions and walking. The note states the injured worker requires assistance putting his shoes and socks on. He also reports sleep disturbance. A physical examination dated 1-19-15 and 8-21-15 revealed no swelling, redness or bruising noted at the lumbar spine and alignment is within normal limits. An examination dated 2-16-15 reveals tenderness to palpation over the midline lumbar spine, and pain in the SI joint and midline spine with minimal palpation is reported. Treatment to date has included Ibuprofen, which causes stomach upset per note dated 8-21-15. A request for authorization dated 9-1-15 for TENS device 4 more leads MX nerve stimulation (date of service 8-28-15) is denied, per Utilization Review letter dated 9-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for TENS device 4/more leads MX nerve stimulation (DOS: 08/28/15): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: #4549 Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective TENS device #4/more leads MX nerve stimulation date of service August 28, 2015 is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are acquired spondylolisthesis; low back pain; displacement lumbar intervertebral disc without myelopathy; chronic pain syndrome; knee pain and lumbosacral radiculitis. Date of injury is January 12, 2011. Request for authorization is September 1, 2015. According to an October 21, 2015 progress note, the treatment plan indicates the treating provider is requesting a TENS trial. The treatment plan does not specify time duration. Subjectively, the injured worker has ongoing chronic low back pain and knee pain. Medications include ibuprofen and Tramadol. Objectively, physical examination of the lumbar spine was unremarkable. There was no documentation of tenderness to palpation were decreased range of motion. There was tenderness to palpation over the medial and lateral joint line of the knee. There was no recent and current physical therapy documented in the medical record. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no concurrent or recent physical therapy, no documentation of a 30 day TENS trial and guideline non-recommendations for TENS, retrospective TENS device #4/more leads MX nerve stimulation date of service August 28, 2015 is not medically necessary.