

Case Number:	CM15-0188335		
Date Assigned:	09/30/2015	Date of Injury:	03/02/2009
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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 50 year old male, who sustained an industrial injury on 3-2-09. Current diagnoses or physician impression includes L4-L5 3 mm right paracentral disc protrusion with posterior annular tear, L3-L4 2 mm right paracentral disc protrusion and right active L4 radiculopathy. His work status is full duty without restrictions. A note dated 8-27-15 reveals the injured worker presented with complaints of low back pain that have started to improve. He describes the pain as frequent aching in his low back bilaterally that radiates to his right buttocks. A physical examination dated 8-27-15 revealed decreased lumbar spine range of motion, positive straight leg raise and tenderness to palpation to the "bilateral erector scapulae and right sciatic". Treatment to date has included medication and physical therapy (the therapeutic response was not included). A request for authorization dated 9-2-15 for multi-stim plus supplies for the lumbar and-or sacral vertebrae (3 month rental) is denied, per Utilization Review letter dated 9-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-stim unit plus supplies, lumbar and/or sacral vertebrae, 3 month rental: 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): Electrical stimulators (E-stim), Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit, Interferential unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, multi-stimulator unit plus supplies lumbar and/or sacral vertebrae three-month rental is not medically necessary. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. 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; 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. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for IF to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are L4-L5 3 mm right paracentral disc protrusion with posterior annular tear; L3-L4 2 mm right paracentral disc protrusion; and right active L4 radiculopathy. Date of injury is March 2, 2009. Request for authorization is September 9, 2015. According to an August 27, 2015 progress note, subjective complaints include low back pain increased over the prior 10 days. Objectively, there is positive straight leg raising, decreased range of motion and tenderness to palpation. The treating provider is requesting a multi-stim unit (interferential unit and TENS). There is no documentation of a one-month clinical trial to support a three-month TENS/IF unit (rental or purchase in excess of the one month trial). Additionally, 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 in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations, and no documentation of a one-month clinical trial, multi-stimulator unit plus supplies lumbar and/or sacral vertebrae three-month rental is not medically necessary.

