

Case Number:	CM15-0192149		
Date Assigned:	10/06/2015	Date of Injury:	03/06/2009
Decision Date:	11/12/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina

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 a 33 year old female who sustained an industrial March 6, 2009. According to a primary treating physician's progress report dated August 14, 2015, the injured worker presented for follow-up with complaints of persistent neck pain, rated 3 out of 10 which radiates to the bilateral trapezius and shoulders. She also complained of lumbar spine pain, rated 6 out of 10 radiating to both legs with severe pain radiating into her tailbone. She reported she couldn't put direct pressure on her tailbone or put her foot straight up. Motrin brings her pain down from 9 out of 10 to 5 out of 10. She requested muscle relaxers per the suggestion of her physical therapist for spasm. She reports completing (2) out of (12) sessions of physical therapy but it is too soon to tell if it is helping. Objective findings included; 5'2" 243 pounds; cervical spine- decreased range of motion, positive compression hypertonicity over the bilateral trapezius muscles, slight decreased strength and sensation 4+ out of 5 bilaterally C5-C7; lumbar spine- decreased range of motion in all planes, straight leg raise positive bilaterally, right greater than left at 60 degrees to posterior thigh, decreased sensation over the left lower extremity and decreased strength, 4 out of 5 L4 and L5 but normal at S1. Diagnoses are chronic cervical strain with bilateral chronic trapezial strain; acute lumbar strain rule out disc herniation with left lower extremity radicular pain; worsening lumbosacral pain with radiation; multiple myofascial overuse syndrome. Treatment plan included pending TENS (transcutaneous electrical nerve stimulation) unit, requested July 10, 2015 (physician notation revealed he requested a 90 day extension of the unit in July as she uses it with a home exercise program, which has decreased her pain and reduced her medication for pain including Motrin and Flexeril), awaiting delivery

of a coccygeal pillow, continue physical therapy and medication. At issue, is the request for authorization dated August 12, 2015, for a (3) month rental extension of TENS unit. An MRI of the lumbar spine dated June 11, 2015 (page 1 of 2 report is present in the medical record) revealed 4mm bulging disc at L4-L5 and 2mm bulge at L5-S1; mild disc degeneration at L4-5 and mild facet disc. According to utilization review dated September 10, 2015, the request for a (3) month rental extension of a TENS unit is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three month rental extension of TENS unit: 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: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation): 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. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition, there must be a 30-day trial with objective measurements of improvement. Previous TEN use has not produced documented objective improvements in pain and function. These criteria have not been met. In the review of the provided clinical documentation and the request is not medically necessary.