

Case Number:	CM15-0195415		
Date Assigned:	11/03/2015	Date of Injury:	04/07/1992
Decision Date:	12/14/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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 59 year old female, who sustained an industrial injury on 4-7-92. The injured worker is diagnosed with lumbar-lumbosacral intervertebral disc degeneration, lumbar intervertebral disc displacement without myelopathy, lumbago, chronic low back pain, lumbosacral radiculopathy, post lumbar laminectomy syndrome and spinal facet joint osteoarthritis. The injured worker is disabled and is not currently working. Notes dated 7-22-15, 8-20-15 and 9-16-15 reveals the injured worker presented with complaints of low back and bilateral leg pain. She reports difficulty engaging in activities of daily living. Physical examinations dated 7-22-15, 8-20-15 and 9-16-15 revealed moderate tenderness in the lumbosacral and sacroiliac joint areas. The straight leg raise is negative bilaterally and lumbar range of motion is restricted. Treatment to date has included a cane for stability, an L4, L5 and S1 dorsal ramus medial branch nerves radiofrequency rhizotomy, which provided little relief per note dated 6-24-15; medications reduce her pain from 9 out of 10 to 4 out of 10, per note dated 9-16-15 and activity modification and rest provide relief and allows for participation in activities of daily living (walking, shopping and light household chores), per note dated 9-16-15. Diagnostic studies include lumbar MRI revealed moderate levoscoliosis, mild multilevel degenerative disc disease, foraminal stenosis and bilateral facet osteoarthritis, per physician note dated 9-16-15. A request for authorization dated 9-16-15 for TENS unit is non-certified, per Utilization Review letter dated 9-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

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

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. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore criteria have not been met and the request is not medically necessary.