

Case Number:	CM15-0198066		
Date Assigned:	10/13/2015	Date of Injury:	05/27/2015
Decision Date:	11/20/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/08/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 57 year old female who sustained an industrial injury on 5-27-15. The medical records indicate that the injured worker is being treated for headache; cervical sprain-strain; lumbosacral sprain-strain. She currently (9-23-15) complains of moderate to severe pain of the lumbar spine and left elbow. On physical exam, there was decreased range of motion of the lumbar spine and left elbow. The 7-27-15 progress note indicates upper back pain with a pain level of 7 out of 10 with radiation to bilateral shoulders and mid back with numbness, tingling and stiffness; left elbow pain (8 out of 10) radiating to left arm, left forearm and left wrist with numbness, tingling, stiffness and cold sensation; constant low back pain (8 out of 10); headaches on left side of head caused by stiffness in the neck. The physical exam revealed tenderness to palpation of the cervical, thorocolumbar spine and left elbow. She had an MRI of the lumbar spine (9-15-15) showing apophyseal joint arthrosis, L4-5 and l5-S1; x-ray of the left elbow (9-15-15) showing remote appearing fracture at proximal ulna, no loosening of surgical clips, atherosclerotic plaquing in the arteries about the elbow; x-ray of the cervical spine (9-15-15) showing discogenic spondylosis, C5-6 and C6-7, apophyseal joint arthrosis, C3-4 through C7-T1, calcification anterior to disc level C6-7. Treatments to date include medications: Norco, Lexapro, CellCept, Prograf, lorazepam. The request for authorization dated 7-27-15 was for 1 month home based trial of transcutaneous electrical nerve stimulator unit. On 10-7-15 Utilization Review non-certified the request for a 1 month home based trial of transcutaneous electrical nerve stimulator unit for the back, left elbow, left wrist, and left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of neurostimulator TENS-EMS unit for back, left elbow, left wrist and left arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Medical, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: ACOEM guidelines state, "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." Further, MTUS states; "although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique." The available record provides indication that there has been improvement through the use of the normally recommended treatments. Further, the treating physician's progress notes do not indicate that the patients has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures. As such, current request for a one month TENS unit trial is deemed not medically necessary.