

Case Number:	CM15-0205771		
Date Assigned:	10/22/2015	Date of Injury:	07/15/2014
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 47 year old individual who sustained an industrial injury on 07-15-2014. A review of the medical records indicated that the injured worker is undergoing treatment for spondylolisthesis L4-L5, protrusion L5-S1 with right lumbar radiculopathy and right shoulder sprain and strain. According to the treating physician's progress report on 07-30-2015, the injured worker continues to experience low back pain with bilateral lower extremity symptoms, right greater than left, rated at 7 out of 10 and right shoulder pain rated at 6 out of 10 on the pain scale. Examination demonstrated tenderness and spasm of the lumbar paraspinal musculature with range of motion documented as flexion 40 degrees, extension 35 degrees and bilateral lateral tilt and rotation at 35 degrees each. There was diminished sensation at the right L5 and S1 dermatome distribution with positive foot pain with straight leg raise on the right. Right extensor hallucis longus muscle and right eversion motor strength was decreased. The right shoulder examination revealed tenderness at the anterior aspect and the acromioclavicular joint with range of motion noted as abduction and flexion at 110 degrees each with moderate positive impingement signs. Prior treatments have included diagnostic testing, heat, acupuncture therapy 6 sessions completed, physical therapy, home exercise program and medications. Current medications were listed as Hydrocodone, Tramadol ER, Naproxen and Pantoprazole. Treatment plan consists of continuing acupuncture therapy, medication regimen, interventional pain management for possible lumbar epidural steroid injection and the current retrospective request for transcutaneous electrical nerve stimulation (TENS) unit, monthly rental (DOS: 02-26-2015). On 10-05-2015 the Utilization Review determined the retrospective request for transcutaneous

electrical nerve stimulation (TENS) unit, monthly rental (DOS: 02-26-2015) was not medically necessary.

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, monthly rental, (retrospective DOS 02/26/15): Overturned

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. In addition there must be a 30 day trial with objective measurements of improvement. The request is for a 30 day trial and it will be used with other therapy for the patient's low back pain. Therefore the request is medically necessary.