

Case Number:	CM15-0205874		
Date Assigned:	10/22/2015	Date of Injury:	04/04/2014
Decision Date:	12/03/2015	UR Denial Date:	10/07/2015
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 57 year old male, who sustained an industrial injury on 4-04-2014. The injured worker was diagnosed as having multilevel disc disease of the cervical spine and multilevel lumbar degenerative changes. Treatment to date has included diagnostics, physical therapy, cervical epidural steroid injection, transcutaneous electrical nerve stimulation unit, and medications. Currently (9-17-2015), the injured worker complains of persistent neck pain with radiation into both hands with weakness and numbness, rated 5-7 out of 10 (rated 4-6 out of 10 on 3-19-2015), and low back pain with radiation to the lower extremities with numbness and weakness, rated 5-7 out of 10 (rated 3-5 out of 10 on 3-19-2015). He reported feeling "severe weakness and worsening". He reported that pain was made better with rest and medication and made worse with activities and weather. His work status was permanent and stationary and he was currently not working. Medications included Naproxen and Flexeril, reducing pain and muscle spasms from a rating of 7 to a rating of 4-5. He reported that he previously utilized a transcutaneous electrical nerve stimulation unit but reported that it broke. The progress report dated 9-17-2015 did not specify how the unit was used or the results of use, only noting that use "increased function and decreased pain". His function with activities of daily living was not described. Exam of the cervical spine noted decreased range of motion, tenderness to the paraspinals and suboccipital regions, positive cervical compression, and decreased strength and sensation bilaterally at C5-C8. Exam of the lumbar spine noted decreased range of motion, tenderness to the paraspinals, positive Kemp's sign bilaterally, and decreased strength and sensation bilaterally at L4-S1. He was prescribed Naproxen, Flexeril, and Elavil. On 10-07-

2015 Utilization Review modified a request for a 3 month rental of transcutaneous electrical nerve stimulation unit (per the Request for Authorization dated 9-30-2015) to allow for one month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month rental of TENS unit for the cervical and lumbar spine: 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: 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. These criteria have not been met. In the review of the provided clinical documentation and the request is not medically necessary.