

Case Number:	CM15-0206773		
Date Assigned:	10/23/2015	Date of Injury:	09/19/2002
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old male who sustained an industrial injury on 9-19-2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc protrusion, lumbar muscle spasm, lumbar radiculopathy and lumbar sprain-strain. According to the progress report dated 8-24-2015, the injured worker complained of low back pain radiating into the bilateral lower extremities. The pain was accompanied by numbness, weakness, tingling and a burning sensation. He rated his pain 5-10 out of 10. Per the treating physician (8-24-2015), the injured worker was to remain off work. Objective findings (8-24-2015) revealed tenderness and spasm of the lumbar paravertebral muscles. Lumbar range of motion was decreased. Treatment has included physical therapy, laser surgery, epidural steroid injection, a home exercise program and medication (Norco). The request for authorization was dated 8-24-2015. The original Utilization Review (UR) (9-25-2015) denied a request for one-month use of a Duet Stim transcutaneous electrical nerve stimulation (TENS) - Electronic Muscle Stimulator (EMS) unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month use of duet stim TENS/EMS 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation.

Decision rationale: The current request is for a 1 MONTH USE OF DUAL STIM TENS/EMS UNIT. The RFA is dated 08/24/15. Treatment has included physical therapy, epidural steroid injection, a home exercise program and medications. This patient has not returned to work. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p114-116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS) states: Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999) According to the progress report dated 08/24/15, the patient complained of low back pain radiating into the bilateral lower extremities. The pain was accompanied by numbness, weakness, tingling and a burning sensation. Examination revealed tenderness and spasm of the lumbar paravertebral muscles. The lumbar range of motion was restricted. The treater has not provided a reason for the request. While MTUS does recommend a 30 day trial of a TENS unit, the request is for a dual unit, of which EMS or electrical muscle stimulator, is specifically not recommended for chronic pain. This request does not meet guideline indications. Therefore, the request for TENS /EMS dual unit IS NOT medically necessary.

1 Month TENS/EMS supplies to include electrodes, batteries and lead wires: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation.

Decision rationale: The current request is for a 1 MONTH TENS/EMS SUPPLIES TO INCLUDE ELECTRODES, BATTERIES AND LEAD WIRES. The RFA is dated 08/24/15. Treatment has included physical therapy, epidural steroid injection, a home exercise program and medications. The patient has not returned to work. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p114-116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS) states: Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic

mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999) According to the progress report dated 08/24/15, the patient complained of low back pain radiating into the bilateral lower extremities. The pain was accompanied by numbness, weakness, tingling and a burning sensation. Examination revealed tenderness and spasm of the lumbar paravertebral muscles. The lumbar range of motion was restricted. The treater has not provided a reason for the request. While MTUS does recommend a 30 day trial of a TENS unit, the request is for a dual unit, of which EMS or electrical muscle stimulator, is specifically not recommended for chronic pain. Therefore, the request for supplies to be used in conjunction with the dual unit, IS NOT medically necessary.