

Case Number:	CM15-0207091		
Date Assigned:	10/23/2015	Date of Injury:	10/13/2014
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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: New Jersey

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 25 year old female, who sustained an industrial injury on 10-13-2014. She has reported injury to the low back. The diagnoses have included chronic low back pain; muscle spasm of back; and lumbosacral spondylosis without myelopathy. Treatment to date has included medications, diagnostics, heat, ice, injection, acupuncture, chiropractic therapy, physical therapy, and home exercise program. Medications have included Meloxicam, Effexor, Tizanidine, and Flexeril. The progress report, dated 06-04-2015, noted that "physical therapy, acupuncture, and chiropractic treatment has failed." A progress report from the treating physician, dated 08-17-2015, documented a follow-up visit with the injured worker. The injured worker reported that she continues to have back pain and stiffness; the pain radiates to the buttock area although no significant pain radiating down the legs today; physical therapy is pending; and she needs a refill of her medication today. The injured worker has had a TENS (transcutaneous electrical nerve stimulation) unit trial for one month; she had used it for four weeks and "really did see improvement." She "got a lot of relief in her spasm and stiffness." Objective findings included she has stiffness and spasm of the back; and she is having a lot of tightness today. The treatment plan has included the request for transcutaneous electrical nerve stimulation unit purchase with supplies for the lumbar spine. The original utilization review, dated 09-30-2015, non-certified the request for transcutaneous electrical nerve stimulation unit purchase with supplies for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation unit purchase with supplies for the lumbar spine: 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 MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes; 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, some criteria have been met for use of TENS, however, upon review of the documentation functional gains directly related to TENS unit use was not clearly specified. Only a comment on TENS leading to "improvement." Also, there was no mention of any goals of therapy with its use and the worker is already working. Therefore, the purchase of TENS unit is not medically necessary at this time, until more evidence of functional benefit with its use is shown.