

Case Number:	CM15-0024966		
Date Assigned:	02/17/2015	Date of Injury:	08/27/2014
Decision Date:	03/27/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/10/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 44 year old female, who sustained an industrial injury on August 27, 2014. She has reported lower back pain. The diagnoses have included left lumbar spine radiculitis and left iliotibial band tendinitis. Treatment to date has included work modifications, splint/brace, pain and non-steroidal anti-inflammatory medications, x-rays, and a home exercise program. The records refer to a prior course of physical therapy, but do not provide specific treatments/modalities used, dates or results. On January 6, 2015, the treating physician noted constant, aching lumbosacral back pain that radiated to the left lower extremity to the foot, with weakness of the left leg. The lower back pain increased with standing and prolonged sitting. There was pain along the iliotibial band. There was no numbness or tingling. The treatment plan included to continue chiropractic therapy, pain medication, and extracorporeal shock wave therapy. On February 3, 2015, Utilization Review non-certified a request for one month home-based trial of neurostimulator TENS - EMS (transcutaneous electrical nerve stimulation - electrical muscle stimulation) with supplies, noting the lack of documentation of previous use of the requested modality in a clinical setting with subsequent functional benefit. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

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 a Neurostimulator TENS- EMS (with supplies): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113-117.

Decision rationale: Per the guidelines, a TENS unit is 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. 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. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, the it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit is not substantiated.