

Case Number:	CM15-0028672		
Date Assigned:	02/20/2015	Date of Injury:	07/30/2012
Decision Date:	03/31/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/17/2015

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:

This 53-year-old male reported a work-related injury on 07/30/2012. According to the progress notes dated 12/11/14, the injured worker (IW) reports constant pain in the left shoulder and left neck, radiating to the left arm. He also has constant pain in the low back radiating to the left leg and foot. Diagnoses include cervical spine sprain/strain, status post left shoulder arthroscopy, lumbar spine pain and bilateral sciatica with mild S1 radiculopathy and probable umbilical hernia with bilateral inguinal hernias. Previous treatments include medications, physical therapy chiropractic, spinal injections and acupuncture. The treating provider requests one TENS EMS neurostimulator and one TENS EMS unit supplies (electrodes and battery plus bifurcated lead wires). The Utilization Review on 02/12/2015 non-certified the request for one TENS EMS neurostimulator and one TENS EMS unit supplies (electrodes and battery plus bifurcated lead wires), citing CA MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS EMS Neurostimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain (transcutaneous electrical nerve stimulation),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 117.

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. However, it is recommended for a one-month trial to document subjective and objective gains form the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement. Therefore criteria have not been met and the request is not certified.

TENS Unit Supplies (electrodes and battery plus bifurcated lead wires): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 117.

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

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