

Case Number:	CM15-0216053		
Date Assigned:	11/05/2015	Date of Injury:	03/22/2010
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/03/2015

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 37 year old male who sustained an industrial injury on 03-22-2010. Medical records indicated the worker was treated for lumbar spine degenerative disc disease and is status post anterior posterior fusion L4-5 (07-30-2015 and 08-02-2015). In the provider notes of 09-11-2015, the worker has pain that is a 1-2 on a scale of 10 with the medications Norco, Neurontin, and Medrol. Urine drug screens are consistent with prescribed medications. He complains of depression, anxiety and insomnia. In the provider notes of 10-01-2015 the injured worker notes continued improvement in leg pain, but continues to require Norco at least 3-4 times a day to control his pain. Objectively, the lumbar spine anterior abdominal and posterior spinal incisions are healed. He has deep tendon reflexes of 1+ in the knees, 2+ in the left ankle, and 1+ in the right ankle. His strength is 1+ out of 5, right leg and 5 out of 5 on the left with diminished sensation in the lateral right thigh-calf- and foot. The plan of care includes medications and beginning physical therapy. A request for authorization was submitted for: 1. Three (3) months supplies 2. One purchase of Pro Stim 5.0 A utilization review decision 10-14-2015 non-certified both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) months supplies: 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 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 from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore criteria have not been met and the request is not medically necessary. As the device is not necessary, supplies for the device are not medically necessary.

One purchase of Pro Stim 5.0: 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 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)

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