

Case Number:	CM15-0037429		
Date Assigned:	03/05/2015	Date of Injury:	08/13/2008
Decision Date:	04/16/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/27/2015

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: Internal 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 55-year-old male who sustained an industrial injury to the lower back and bilateral wrists on August 13, 2008. There was no mechanism of injury documented. The injured worker was diagnosed with lumbosacral spondylosis without myelopathy and bilateral carpal tunnel syndrome. The injured worker underwent radiofrequency ablation bilaterally at L4-L5 and L5-S1 facet joints on June 11, 2013. According to the treating physician's progress report on February 4, 2015, the injured worker continues to experience very low back pain with a burning quality. The injured worker denies any radiation to the lower extremities. A magnetic resonance imaging (MRI) dated August 11, 2014 showed a high intensity zone at L4-L5 with mild facet hypertrophy and a 3-4mm disc bulge at L5-S1 with moderate to severe left and mild right facet hypertrophy with mild neural foraminal narrowing. Electromyography (EMG)/Nerve Conduction Velocity (NCV) (no date documented), of the upper extremities demonstrated recurrent carpal tunnel syndrome and possible ulnar neuropathy across the elbows. Current medications consist of Flexeril, Voltaren gel, Lidoderm patches and Ibuprofen. Treatment modalities consist of bilateral sacroiliac (SI) joint injections most recently on July 8, 2014, sacroiliac (SI) belt, lumbar support, home aerobic and weightlifting exercises and medication. The injured worker is working regular duties. On February 9, 2015 the Utilization Review denied certification for TENS unit x 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS unit x 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. MTUS Chronic Pain Medical Treatment Guidelines indicates that several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that physical modalities such as diathermy, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. Medical records document low back complaints. MTUS and ACOEM guidelines do not support the use of transcutaneous electrical nerve stimulation (TENS) for low back conditions. Therefore, the request for TENS is not supported by MTUS or ACOEM guidelines. Therefore, the request for a TENS unit is not medically necessary.