

Case Number:	CM15-0041360		
Date Assigned:	03/11/2015	Date of Injury:	10/26/2007
Decision Date:	05/05/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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 64 year old female who sustained an industrial injury on 10/26/2007. Current diagnoses include lumbar disc rupture, nerve injury ulnar, sprain neck, and carpal tunnel syndrome. Previous treatments included medication management, back brace, multiple cortisone injections, acupuncture, and physiotherapy. Previous diagnostic studies include x-ray and MRI. Initial complaints included low back pain. Report dated 01/23/2015 noted that the injured worker presented with complaints that included increased pain in the low back with radiation toward the buttocks, and pain and numbness in the hands. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included request for a P-Stim. The physician noted that the injured worker has failed use of TENS unit, noting that she has failed to obtain pain relief and improved functional levels from prior non-surgical treatments such as narcotics and non-narcotic oral medications, physical therapy/therapeutic exercises, and TENS unit. Disputed treatment includes a series of Peripheral Stimulation (P-Stim) once a week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 series of Peripheral Stimulation (P-Stim) once a week for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 including a TENS units have been used in the past. 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 peripheral stimulation unit is not substantiated. Therefore the request is not medically necessary.