

Case Number:	CM15-0086659		
Date Assigned:	05/08/2015	Date of Injury:	10/07/2009
Decision Date:	06/17/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/05/2015

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: Emergency 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 56 year old male, who sustained an industrial injury on 10/07/2009. He reported misjudging a step while stepping down and landing hard on his leg and foot, causing sharp pain in his low back. The injured worker was diagnosed as having failed low back syndrome, secondary depression and insomnia, stool incontinence with sexual dysfunction, and umbilical hernia. Treatment to date has included diagnostics, lumbar spinal surgeries, aquatic physical therapy, back brace, wheeled walker, mental health treatment, and medications. Currently, the injured worker complains of lumbar spine pain, rated 7/10 with medication use, with radiation to the lower extremities (right greater than left), and spasms in both legs. Medications helped him do activities of daily living and without medication use he would be bedridden. He also reported stool incontinence since surgery in 2012, depression, sleep difficulty, high blood pressure due to chronic pain, and recurrent falls. Physical exam noted moderately antalgic gait with a cane, lower extremity motor strength 4/5 due to pain, and moderately decreased sensation in the S1 dermatome on the right. Bilateral knee and ankle reflexes were decreased. The lumbar spine showed moderate muscle spasm and decreased range of motion. Current medication regime was not noted. The submitted physical therapy progress notes were difficult to decipher. The treatment plan included a re-request for transcutaneous electrical nerve stimulation unit for home use. His work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: The request is for a transcutaneous electrical nerve stimulation (TENS) unit, which is a form of electrotherapy. Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. It 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, in very specific conditions. These include diabetic and post-herpetic neuropathy, phantom limb pain, chronic regional pain syndrome, spasticity in spinal cord injury, and multiple sclerosis and muscle spasm. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. TENS does not appear to have an impact on perceived disability or long-term pain. The documentation provided does not satisfy the MTUS criteria for purchase of a TENS unit, and therefore it is not medically necessary.