

Case Number:	CM15-0231701		
Date Assigned:	12/07/2015	Date of Injury:	12/17/1994
Decision Date:	01/15/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/24/2015

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: Texas, California
 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 is a 59 year old female patient who sustained an industrial injury on 12-17-1994. The diagnoses include lumbar radiculopathy, lumbar facet pain, sacroiliitis and bilateral hip pain. According to the treating physician's progress report on 10-20-2015, she had complaints of low back pain associated with spasm rated at 10 out of 10 on the pain scale. Physical exam revealed a stiff and antalgic gait on the right, stiffness in the lumbar spine and spasm of the lumbar paraspinal muscles, tenderness in the lumbar facet joints and bilateral posterior superior iliac spine, worse on the right side, aggravated pain with right hip internal and external rotation. Current medications were listed as OxyContin 20mg, Norco 10mg-325mg and Gabapentin. She is status post L5-S1 anterior interbody fusion with disc spacer (no date documented). She had bilateral hip X-rays dated 11/23/2010; MRI lumbar spine dated 6/27/12 and right hip MRI dated 1/30/2008. Prior treatments have included diagnostic testing, home exercise program and medications. There was no documentation that a transcutaneous electrical nerve stimulation (TENS) unit has been used and effective in the medical records submitted. Treatment plan consists of continuing medications, home exercise program and the current request for purchase transcutaneous electrical nerve stimulation (TENS) unit supplies for 6-8 months. On 11-04-2015, the Utilization Review determined the request for purchase transcutaneous electrical nerve stimulation (TENS) unit supplies for 6-8 months was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase TENS unit supplies six to eight (6-8) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Request: Purchase TENS unit supplies six to eight (6-8) months. According to the cited guidelines, TENS 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, 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. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. Purchase TENS unit supplies six to eight (6-8) months is not medically necessary for this patient.