MAXIMUS Federal Services

| Case Number: | CM15-0237398 | | |
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| Date Assigned: | 12/14/2015 | Date of Injury: | 06/04/2009 |
| Decision Date: | 01/15/2016 | UR Denial Date: | 11/06/2015 |
| Priority: | Standard | Application Received: | 12/04/2015 |

## 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: 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 42-year-old male who sustained an industrial injury on 6-4-09. He is not working. Medical records indicate that the injured worker has been treated for sprain-strain, lumbar region with left radiculitis; lumbosacral spondylosis; lower leg joint pain; idiopathic peripheral neuropathy; Type 1 Diabetes; cervical spine strain; right wrist strain. He currently (9-25-15) complains of constant neck (3-6 out of 10), low back (5-8 out of 10) and knee pain with a pain level of 5-9 out of 10; left foot pain. He has increased foot pain with activities of daily living. Physical exam (9-18-15) of the cervical spine revealed decreased range of motion; lumbar spine revealed tenderness to palpation about the lumbar paravertebral muscles at L3, L4, L5 on the left, decreased range of motion; tenderness of medial joint line on the left, tenderness of lateral joint line bilaterally, decreased range of motion; tenderness to palpation on bilateral medial joint line, lateral aspect of left ankle has no sensation. Treatments to date include medications: Fentanyl patch, Norco, Xanax, citalopram, Lyrica, Nexium; acupuncture to low back without benefit; physical therapy to left knee without benefit. The request for authorization dated 10-8-15 was for1 month home based trial neurostimulator transcutaneous electrical nerve stimulator unit-electrical muscle stimulator. On 11-6-15 Utilization review non-certified, the request for 1 month home based trial neurostimulator transcutaneous electrical nerve stimulator unit-electrical muscle stimulator.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One month home-based trial of Neurostimulator TENS-EMS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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. The request is for a one-month trial and used and an adjunct therapy. Therefore, criteria have been met and the request is medically necessary.