

Case Number:	CM14-0104489		
Date Assigned:	07/30/2014	Date of Injury:	10/10/2012
Decision Date:	12/03/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 years old male patient who sustained an injury on 10/10/12. He sustained an injury due to fall while walking. The diagnoses include lumbago, lumbar radiculopathy and lumbar degenerative disc disease. Per the doctor's note dated 6/9/14, he had complaints of low back pain with radiation to the right lower extremity. Physical examination revealed reduced lumbar range of motion and tenderness over the lumbar paraspinal muscles. The medications list includes tramadol, gabapentin and Norco. He has had lumbar MRI which revealed 2mm disc protrusion at L4-5. He has had physical therapy visits and epidural steroid injection on 3/7/14 for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit-purchase (Lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electric nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use of effectiveness of electrical stimulation for chronic pain. According 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)." Cited guidelines do not recommend TENS for chronic pain. Patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of Tens unit-purchase (Lumbar) is not established for this patient.