

Case Number:	CM14-0148193		
Date Assigned:	09/18/2014	Date of Injury:	12/07/2013
Decision Date:	10/16/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational 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:

47-year-old male sheet metal worker who injured his back at work on 7 Dec 2013 when helping someone lift a heavy object. He has had constant 6-9/10 lower back pain since with radiation into both legs. The pain worsens when he walks or bends and is associated with difficulties in activities of daily living. He continued to work although with light duty only restrictions until being taken off work in July 2014. On exam, his had mild paravertebral muscle tenderness and the lumbar spine showed limited range of motion (80% of normal). MRI of lower back (20 Mar 2014) showed degenerative disc disease of L5-S1, facet arthrosis with mild bilateral foraminal narrowing and 3 mm retrolisthesis of L5 on S1. MRI of neck and upper back (20 Mar 2014) showed small disc protrusions at T3-4, T4-5 and C6-7. Lumbar Spine X-rays of the lower back (5 Aug 2014) also showed retrolisthesis at L4-5. He was treated with physical therapy (to include hot and cold packs, joint mobilization and electrical stimulation), which was not effective to control or lessen the patient's symptoms, and he has been given a number of medications (Ibuprofen, Flexeril, Medrol, Tramadol, Robaxin, Naprosyn, Omeprazole).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tens Unit (Purchased): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 48, 300, Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: According to ACOEM guidelines, there is not enough science-based evidence to support using Transcutaneous Electrical Nerve Stimulation (TENS) in the treatment of neck or upper back pain. Additionally, there is a lot of conflicting evidence for use of many physical modalities when treating low back pain making it difficult to understand if TENS therapy is actually helping a patient or not. However, many sources, including the CPMTG, recommend at least a one-month trial of TENS to see if there is functional improvement by using this modality. Documentation of functional improvement is key for continued use. For this patient, electrical stimulation was used as part of the physical therapy he received. After this therapy was completed, there was no documented functional improvement in either the patient's activities of daily living or a reduction in work restrictions. Even though the recommendation to use home electrical stimulation (TENS) was made after the physical therapy was completed and by a different provider, it does not make sense to use a therapy that has already been shown to not be effective.