

Case Number:	CM14-0089872		
Date Assigned:	09/10/2014	Date of Injury:	04/06/2007
Decision Date:	10/15/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 69-year-old male patient who reported an industrial injury to his back on 4/6/2007, over seven (7) years ago, attributed to the performance of his usual and customary job duties. The patient continues to complain of low back pain. The patient is status post lumbar spine fusion. The patient is also status post a laparoscopic nephrectomy two months ago, which reportedly resulted in increased low back pain. The objective findings on examination included a well healed surgical incision to the lumbar spine; tenderness to palpation to the paraspinal musculature; and diminished range of motion. The diagnosis was chronic low back pain and status post lumbar spine fusion. The treatment plan included a TENS/EMS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203, 300, Chronic Pain Treatment Guidelines TENS unit chronic pain Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand--TENS unit; Pain chapter--TENS unit

Decision rationale: The requesting provider did not provide subjective/objective evidence to support the medical necessity of the TENS/EMS Unit or the electronic muscle stimulator for the treatment of the right knee and back. The ACOEM Guidelines do not recommend the use of TENS/EMS Units for neck, shoulder, elbow, or wrist as there is no objective evidence available to support their use. There is no demonstrated medical necessity for a TENS/EMS unit as a freestanding treatment modality without the documentation of a functional restoration effort. It is recommended that the patient undergo a 30 day trial to demonstrate functional improvement prior to the purchase of a TENS unit for the treatment of the lumbar spine chronic pain issues. There is however, no documented neuropathic pain. There is no justification for the use of the 4-lead TENS/EMS unit as required by the CA MTUS. The use of the TENS/EMS unit for the treatment for the wrist/hand/forearm is not recommended by the CA MTUS or the ACOEM Guidelines. There is no objective evidence provided to support the medical necessity of the requested TENS/EMS Unit or electric muscle stimulator for the treatment of the back for the effects of the industrial injury. The TENS/EMS unit is directed to chronic back pain issues with a date of injury over seven (7) years ago. The patient was noted to have used a TENS unit during PT rehabilitation; however, there was no documented functional improvement with the use of the TENS/EMS unit and no demonstrated reduction in the use of medications. There was no objective evidence to justify the continued use of the TENS/EMS unit in the treatment plan for this patient. The CA MTUS and the Official Disability Guidelines only recommends the use of the TENS/EMS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. The TENS/EMS Unit is recommended for only chronic intractable pain. There was no provided documentation that the patient was participating in a self-directed home exercise program. The ACOEM Guidelines revised back chapter 4/07/08 does recommend the use of the TENS/EMS Unit for the treatment of chronic lower back pain; however, it must be as an adjunct to a functional rehabilitation program and ongoing exercise program. The CA MTUS only recommend the use of the TENS/EMS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. There are no recommendations for the use of the TENS/EMS Unit in the treatment of the back. There is no objective evidence provided by the requesting provider that the same results cannot be achieved with a home exercise program established for functional rehabilitation with strengthening and conditioning directed to the hand. There is no demonstrated medical necessity for the provision of a TENS/EMS for the rehabilitation of the chronic pain to the lower back seven (7) years after the DOI over the recommended 30-day trial of a two lead TENS unit. Therefore the request is not medically necessary.