

Case Number:	CM14-0213097		
Date Assigned:	12/30/2014	Date of Injury:	06/28/2013
Decision Date:	02/27/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California

Certification(s)/Specialty: Internal Medicine

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 patient is an injured worker with history of lumbar back complaints. The patient sustained an injury on 05/26/13. The patient slipped and fell while mopping the floor. Prior treatments included chiropractic therapy, use of transcutaneous electrical nerve stimulation unit, physical therapy, activity modifications, medications and ice application. The patient was seen by a pain management specialist. The patient had a one-month trial of the Prime Dual transcutaneous electrical nerve stimulation electrical muscle stimulator unit. The magnetic resonance imaging MRI of the lumbar spine dated 08/10/13 documented that there were disc changes and facet arthropathy without central canal or foraminal stenosis. The x-ray of the lumbar spine dated 02/17/14 documented that there was hyper lordosis at the sacrum, which likely caused impingement to the nerve roots. According to primary treating physician's progress report dated 10/20/14, the patient reported continued low back pain and right-sided hip pain. On examination, there was tenderness over the lumbar paravertebral muscles. The patient had a normal gait. There was a limited range of motion, with pain. There was positive straight, leg raise. The patient remained temporarily totally disabled and would remain off from work. Treatment plans included follow-up. The patient was diagnosed with lumbar spine myofascitis with radiculitis, ruled out lumbar spine disc injury and right hip bursitis. Treatment plan was documented. A Prime Dual nerve stimulator transcutaneous electrical nerve stimulation electrical muscle stimulator unit was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 month rental of neurostimulator TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116, 121.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, and 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Electrical stimulators (E-stim), Functional restoration programs.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. Neuromuscular electrical stimulation (NMES devices) is not recommended. Electroceutical Therapy (bioelectric nerve block) is not recommended. Galvanic Stimulation is not recommended. Microcurrent electrical stimulation (MENS devices) is not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that physical modalities such as diathermy, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) states that TENS is not recommended. Medical records document low back conditions. MTUS and ACOEM guidelines do not support the use of transcutaneous electrotherapy for low back conditions. Therefore, the request for a Prime Dual nerve stimulator transcutaneous electrical nerve stimulation electrical muscle stimulator unit is not supported by MTUS and ACOEM guidelines. Therefore, the request for Additional 12 month rental of neurostimulator TENS-EMS is not medically necessary.