

Case Number:	CM15-0012392		
Date Assigned:	01/29/2015	Date of Injury:	05/02/2011
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/21/2015

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: Texas, California
 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 female patient, who sustained an industrial injury on 05/02/2011. Patient sustained the injury due to slip and fall incident. A follow up visit dated 11/25/2014 reported subjective complaint of continued significant back pain that limited her daily activities. Physical examination of the lumbar spine on 11/25/14 revealed mild muscle weakness and negative SLR. Impression stated L5-S1 disc herniation with right S1 radiculopathy, persistent despite nonoperative treatments and status post L5-S1 discectomy on 9/12/12. She is noted having used a transcutaneous electrotherapy unit in the past with good effect. A primary treating office visit dated 09/15/2014 reported the patient remains with constant low back pain. Right leg paresthesias noted with daily occurrence. The back pain increases with prolonged sitting or standing; also worse in morning. She is currently taking Naproxen for the pain. The medication list included Norco and Tylenol. Physical findings showed positive straight leg raise right and diminished sensation in the right S1 dermatome. The following diagnoses are applied; displacement lumbar disc without myelopathy, post laminectomy syndrome lumbar region and radial styloid tenosynovitis. She is to return to modified work duty. She has had MRI of the lumbar spine on 03/7/2014 that revealed lumbar spine disc bulging, neurocompression and facet arthropathy and X-ray of the low back that revealed facet sclerosis. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) Unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Transcutaneous Electrical Nerve Sti.

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

Decision rationale: Request: Transcutaneous Electrical Nerve Stimulation (TENS) Unit (purchase) According the cited guidelines, electrical stimulation (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). According the cited guidelines, Criteria for the use of TENS is "- There is evidence that other appropriate pain modalities have been tried (including medication) and failed." A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted." Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Physical examination revealed she can arise from seated to standing without difficulty and normal gait and normal sensory and motor examination. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the request for Transcutaneous Electrical Nerve Stimulation (TENS) Unit (purchase) is not fully established for this patient.