

Case Number:	CM15-0110721		
Date Assigned:	06/17/2015	Date of Injury:	01/19/2011
Decision Date:	07/17/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 injured worker is a 53 year old male who sustained an industrial injury on 01/19/2011. The injured worker was diagnosed with right meniscus tear and right sacroiliitis. A recent lumbar magnetic resonance imaging (MRI) was performed on January 28, 2015 which documented minimal degenerative disc disease and spondylosis at L4-L5 and L5-S1 without spinal stenosis or neural foraminal narrowing. The injured worker is status post right knee replacement (no date documented). Treatment to date has included conservative measures, physical therapy, trigger point injections, acupuncture therapy and medications. According to the primary treating physician's progress report on May 18, 2015, the injured worker continues to experience right sided low back pain radiating into the buttocks, hip and right groin. The injured worker rates his pain level at 7-8/10. There was no physical examination in the review. Current medication is noted as Lidoderm patches prescribed in April 2015. Treatment plan consists of continuing with current acupuncture therapy, right sacroiliac (SI) joint injections and the current request for a transcutaneous electrical nerve stimulation (TEN's) unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens purchase, electrodes, lead wires, batteries: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49.

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. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates 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) indicates that TENS is not recommended. The progress report dated 5/18/15 documented lower back pain. The progress report dated 4/20/15 documented lumbosacral conditions. ACOEM Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. Therefore, the request for TENS is not supported by ACOEM/MTUS guidelines. Therefore, the request for TENS is not medically necessary.