

Case Number:	CM15-0120811		
Date Assigned:	07/01/2015	Date of Injury:	03/07/2012
Decision Date:	08/12/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/22/2015

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: North Carolina
 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 57-year-old male who sustained an industrial injury on 03/07/12. He reported back pain after a twisting injury. Initial diagnoses include spondylolisthesis. Diagnostic testing and treatments to date have included MRI, physical therapy, pain medication management, psychiatric therapy, acupuncture, epidural injections, and TENS unit. In an available progress note dated 02/04/15, the injured worker reports acupuncture and epidural injections are helpful. Current diagnoses include spondylolisthesis, lumbar degenerative disc disease, and sciatica. Physical examination is remarkable for pain with sit-to-stand movement; lumbar flexibility is markedly restricted, and he has severely positive right straight leg movement. Current diagnoses include spondylolisthesis, lumbar degenerative disc disease, and sciatica. Plan of care included a trial of TENS unit in which the injured worker reported to date has allowed him to return to work. Requested treatments include TENS (transcutaneous electrical nerve stimulation) unit, lumbar spine (retrospective dispensed 2/4/15), and TENS (transcutaneous electrical nerve stimulation) unit electrodes, lumbar spine (retrospective dispensed 2/4/15, 2/23/15, 3/14/15, 5/1/15). The injured worker is under full duty. Date of Utilization Review: 05/26/15

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit, Lumbar Spine (retrospective dispensed 2/4/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. Criteria for TENS use has been clearly met in the provided documentation and therefore the request is medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit electrodes, Lumbar Spine (retrospective dispensed 2/4/15, 2/23/15, 3/14/15, 5/1/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current

studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. Criteria for TENS use has been clearly met in the provided documentation and therefore the request is medically necessary.