

Case Number:	CM15-0171673		
Date Assigned:	09/14/2015	Date of Injury:	02/25/2013
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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 female with an industrial injury dated 02-25-2013. Medical record review indicates she is being treated for enthesopathy of hip region, lumbago, chronic pain syndrome and spasm of muscle. She presents on 07-30-2015 with complaints of lower back pain, right hip pain with radiation to the mid lateral thigh and intermittent pain down the back of the right (greater than left) leg to the foot. She rates the pain as 6-7 out of 10 with medications and 9 out of 10 without medications. Prior progress notes dated 03-27-2015, 04-13-2015, 05-18-2015 and 06-18-2015 note pain level was 6-7 out of 10 with medications and 9 out of 10 with medications. Physical exam dated 07-30-2015 documents "markedly" antalgic gait, "minimal" right trochanteric tenderness and tenderness to palpation over left buttock and lumbar 4-5 sacral 1 paraspinal. The notes also document moderate spasm in the gluteus muscles and right greater than left lumbar paraspinal muscles. "Markedly" positive for frog leg test. Gaenslen's sign is documented as negative and Faber test is documented as "markedly" positive. Her medications are documented (07-30-2015) as Ibuprofen, Nexium, Nortriptyline, Venlafaxine and Wellbutrin. Work status (07-30-2015) was documented as total temporary disability. Prior treatments are documented (06-18-2015 note) as physical therapy, hip injections, sacroiliac joint injections, acupuncture and medications. The RFA (request for authorization) dated 08-11-2015 is for purchase of home transcutaneous electrical nerve stimulation (TENS) unit. On 08-19-2015 the request for purchase of home transcutaneous electrical nerve stimulation (TENS) unit was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

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. In addition there must be a 30 day trial with objective measurements of improvement. These criteria have not been met in the review of the provided clinical documentation and the request is not certified and therefore is not medically necessary.