

Case Number:	CM15-0171808		
Date Assigned:	09/14/2015	Date of Injury:	03/06/2014
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/01/2015

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:

This injured worker is a 47 year old male, who sustained an industrial injury on 03/06/2014. The injured worker was diagnosed as having herniated nucleus pulposus L2-3, multilevel degenerative disc disease and mild to moderate foraminal stenosis L4-L5. On medical records dated 07-16-2015 and 05-28-2015, the subjective findings noted lower back pain. Pain level 8 out of 10. Objective findings were noted as positive Fabers - bilateral lower extremities and range of motion of lumbar spine was 50%. The injured worker was noted to be able to return to work. Treatment plan to date included: acupuncture, physical therapy and medication. Current medication included Norco and Tramadol. The Utilization Review (UR) was dated 03/06/2014. A Request for Authorization was dated 07-28-2015. The UR submitted for this medical review indicated that the request for TENS (transcutaneous electrical nerve stimulation) unit, purchase for the lumbar spine was modified.

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, purchase for the lumbar spine:
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.