

Case Number:	CM15-0176045		
Date Assigned:	09/17/2015	Date of Injury:	05/20/2015
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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 36-year-old female with an industrial injury dated 05-20-2015. A review of the medical records indicates that the injured worker is undergoing treatment for anxiety, depression, radiculopathy and lumbar spine sprain and strain and unspecified acute reaction to stress. Treatment consisted of X-ray of lumbar spine dated 06-26-2015, prescribed medications, and periodic follow up visits. Medical records (6-26-2015 to 7-14-2015) indicate complaints of low back pain into the bilateral lower extremities, left greater than right. The injured worker rated pain a 7 out of 10. Objective findings (6-26-2015 to 7-14-2015) revealed lumbar spine range of motion with positive spasm, tenderness to palpitation of bilateral paraspinal, positive bilateral Kemps test, positive bilateral straight leg raises and slow guarded gait, favoring the right. Treatment plan consisted of diagnostic studies, acupuncture treatments, medication consult, initial functional capacity evaluation (FCE), psych consult, transcutaneous electrical nerve stimulation (TENS) unit and low back brace. X-ray of lumbar spine dated 06-26-2015 revealed lumbosacral transitional segment L6 with left sided accessory articulation with no other significant findings. The treating physician prescribed services for transcutaneous electrical nerve stimulation (TENS) and electronic muscle stimulator (EMS) unit with supplies, 30-day trial, now under review. Utilization review (08-11-2015) denied the request for TENS and EMS unit with supplies, 30-day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS unit with supplies, 30 day trial: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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. The request is for a 30-day trial. It is used as an adjunct to a program of functional restoration. Therefore, the request is medically necessary.