

Case Number:	CM15-0071753		
Date Assigned:	04/21/2015	Date of Injury:	12/03/2012
Decision Date:	06/26/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/15/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 55-year-old male with an industrial injury dated December 3, 2012. The injured worker diagnoses include discogenic lumbar condition, mid back spasm and chronic pain syndrome. He has been treated with prescribed medications, facet injection, radiofrequency ablation, piriformis injection, nerve studies, chiropractic treatment, back brace, transcutaneous electrical nerve stimulation (TENS) unit, and periodic follow up visits. According to the progress note dated 3/3/2015, the injured worker presented to address mid back and low back complaints. Objective findings revealed tenderness across the lumbar paraspinal muscles bilaterally and pain with facet loading, greater on the right side. The treating physician prescribed TENS unit 4 leads, TENS pads for 2 lead unit for lumbar region and Flexeril 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 4 leads Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 116 of 127.

Decision rationale: 9792.24.2. Chronic pain Medical Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation). This claimant was injured back in 2012. There is back pain. Treatment has included medicine and injections. The MTUS notes: 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 was lacking concerning effectiveness. One problem with current studies was 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. Criteria for the use of TENS: chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There was evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit was generally recommended; if a 4-lead unit was recommended, there must be documentation of why this was necessary. Form-fitting TENS device: This was only considered medically necessary when there was documentation that there was such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient had medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit was to be used under a splint (as in treatment for disuse atrophy). At present, the records and the evidence-based citations do not support certification of the request. There is no documentation of objective measures of success such as medication reduction, objective functional improvement or the like out of a TENS trial, or that the use will be part of an evidence-based functional restoration program. The request is not medically necessary.

Conductive garment Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 116 of 127.

Decision rationale: Please see the prior review. The MTUS notes for TENS: 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. As the TENS unit was not certified, there is no need for ancillary accessories such as a conductive garment. The request is not medically necessary.

TENS pads for 2 lead unit for lumbar region Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 116 of 127.

Decision rationale: Please see the prior review. The MTUS notes for TENS: 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. As the TENS unit was not certified, there is no need for ancillary accessories such as a these pads. The request is not medically necessary.

Flexeril 7.5mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: This claimant was injured back in 2012. There is back pain. Treatment has included medicine and injections. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary.