

Case Number:	CM15-0091246		
Date Assigned:	05/15/2015	Date of Injury:	06/07/2014
Decision Date:	08/11/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/12/2015

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 (IW) is a 49 year old male who sustained an industrial injury on 06/07/2014. He reported back pain after trying to lift a heavy box at work. The injured worker was diagnosed as having lumbar thoracic radiculitis, and sacroiliitis. Treatment to date has included conservative care of diagnostic radiologic testing, nerve conduction electromyogram, a functional capacity evaluation. Currently, the injured worker complains of back pain including posterolateral thigh and calf pain in the left leg. He walks with a cane for support. The pain continues in the left lower leg. The lumbar pain is starting to radiate to the right leg also. The pain is intermittent and described as sharp, stabbing and burning. He states medications do give him slight improvement and what makes it better is waiting for the pain to stop. He changes positions frequently to reduce the pain and stress to the left side of the body. Moving does make the pain worse. His pain has ranged between visits at a 6-8 range on a scale of 1-10. Medications include Norco and Ibuprofen. He has had palpable tenderness over the left lower lumbar musculature, lumbosacral spine, and just superior to the right mid posterior pelvis. He has a positive seated straight leg raise on the left and distal sensation is grossly intact. X-ray of 04/15/2015 showed degenerative disc change with mild to moderate degenerative disc disease at L4-5 with eburnation of vertebral endplates and mild degenerative disc changes L5-S1 with eburnation of the vertebral end plates. There were no fractures or subluxation. The impression was degenerative changes lower lumbosacral spine read age comparable. An electromyogram on 04/28/2015 was normal. The plan of care includes requesting permission for a transforaminal

nerve block, modified work, and a transcutaneous electrical nerve stimulation (TENS) unit. A request for authorization is made for the following: TENS unit (duration unspecified) to lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (duration unspecified) to lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (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. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement. Therefore, criteria have not been met and the request is not medically necessary.