

Case Number:	CM13-0043786		
Date Assigned:	03/28/2014	Date of Injury:	04/02/2011
Decision Date:	04/07/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/31/2013

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: Montana

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:

This 49-year-old female reported a work-related injury on 04/02/2011. According to the PR2 dated 10/1/13, the injured worker reported neck pain, stiffness and soreness were improving with physical therapy and TENS; she questioned if PT/TENS would help her back pain. Diagnoses include lumbar and cervical spondylosis, lumbar spondylolisthesis at L4-5 and obesity. Previous treatments for the low back have included medications. Physical therapy for the lumbar area was ordered but there is no documentation of response to therapy and whether TENS unit was used for the low back. The treating provider requests the purchase of one TENS unit for the lower back area. The Utilization Review on 10/25/2013 non-certified the request for the purchase of one TENS unit for the lower back area, citing CA MTUS guidelines. The treatment note of 3/18/14 repeats the request for the purchase of one TENS unit for the lower back area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase 1 Tens Unit for the Lower Back Area, Lumbar and/or Sacral Vertebrae: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The MTUS notes that transcutaneous electrical nerve stimulation (TENS) treatment is 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. Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above); Documentation of pain of at least three months duration; There is 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. In this case there is no documentation of a one-month trial period of treatment TENS unit for the lumbar area 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. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not submitted. The current request for the purchase of one TENS unit for the lower back area is not consistent with the MTUS criteria and is not medically necessary.