

Case Number:	CM14-0150457		
Date Assigned:	09/18/2014	Date of Injury:	11/19/2013
Decision Date:	11/03/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44 year old female with an injury date of 11/19/13. The 08/26/14 report by [REDACTED] states that the patient presents with ongoing lower back pain radiating down her right lower extremity posteriorly to her thigh and calf. The patient is working on modified duty. Examination of the lower back shows pain to palpation of the right L5-S1 area and right sciatic notch. There is allodynia to the posterior aspect of her right thigh. The patient's diagnosis is lower back pain. The utilization review being challenged is dated 09/09/14. Reports were provided from 04/17/14 to 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes: Overturned

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 TENS units Page(s): 116.

Decision rationale: The patient presents with lower back pain radiating down the right lower extremity posteriorly to the thigh and calf. The treating physician requests for Electrodes. Per

MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. In this case, the treating physician is recommending a 30 day trial of a TENS unit as a one of a number of treatment modalities that include trigger point injections, physical therapy and acupuncture and topical medication. The patient has a diagnosis of neuropathy as discussed in MTUS; therefore, the request is not medically necessary and appropriate.

Tens unit and supplies one month trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS units Page(s): 116.

Decision rationale: The patient presents with lower back pain radiating down the right lower extremity posteriorly to the thigh and calf. The treating physician requests for TENS Unit and supplies one month trial. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. In this case reports provided show the treating physician recommends this treatment as one modality among, topical medication, physical therapy, acupuncture and trigger point injections. The patient has a diagnosis of neuropathy as discussed in MTUS. Therefore, the request is not medically necessary and appropriate.

Batteries: Overturned

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 TENS units Page(s): 116.

Decision rationale: The patient presents with lower back pain radiating down the right lower extremity posteriorly to the thigh and calf. The treating physician requests for Batteries. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, Complex Regional Pain Syndrome (CRPS), spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis

of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. In this case, the treating physician is recommending a 30 day trial of a TENS unit as a one of a number of treatment modalities that include trigger point injections, physical therapy and acupuncture and topical medication. The patient has a diagnosis of neuropathy as discussed in MTUS; therefore, the request is not medically necessary and appropriate.

Lead wires: Overturned

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 TENS units Page(s): 116.

Decision rationale: The patient presents with lower back pain radiating down the right lower extremity posteriorly to the thigh and calf. The treating physician requests for Lead wires. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. In this case, the treating physician is recommending a 30 day trial of a TENS unit as a one of a number of treatment modalities that include trigger point injections, physical therapy and acupuncture and topical medication. The patient has a diagnosis of neuropathy as discussed in MTUS; therefore, the request is not medically necessary and appropriate.