

Case Number:	CM14-0172975		
Date Assigned:	10/23/2014	Date of Injury:	06/10/2008
Decision Date:	11/25/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal Medicine, and is licensed to practice in New York. 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 53 year old female with a date of injury of 06/10/2008. On 06/11/2008 the diagnosis was contusion of the left hip. On 09/18/2009 the listed diagnosis was left hip strain/sprain and lumbar strain/sprain. On 04/13/2010 she was P&S. On 05/24/2014 it was noted that she ambulated with a cane and that pool therapy helped. She was also to continue her home exercise program. On 07/29/2014 she noted low back pain that was 7-8/10. On 09/20/2014 she had low back pain with numbness to her left lower extremity. The pain was 4-7/10. She had an antalgic gait with tenderness over the facet joints with lumbar paraspinal muscle spasm. The lumbar range of motion was decreased. She had straight leg raising tightness. She had a listed diagnosis of back pain, myalgia, myositis, sprain hip/thigh.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114..

Decision rationale: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). There is no documentation of neuropathic pain, shingles, or CRPS II. There is insufficient documentation to substantiate the medical necessity for a TENS unit for chronic back pain therefore, this request is not medically necessary.