Case Number:	CM17-0010021		
Date Assigned:	01/19/2017	**Date of Injury:**	10/31/2016
Decision Date:	02/13/2017	**UR Denial Date:**	01/13/2017
Priority:	Standard	**Application Received:**	01/16/2017

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: 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(n) 54 year old female, who sustained an industrial injury on 10-31-16. The injured worker was diagnosed as having lumbar strain, left hip strain and left knee strain. Subjective findings (12-19-16 and 12-29-16) indicated pain in the lower back, left hip and left knee. The injured worker rated her pain 6-7 out of 10. The treating physician recommended a TENS unit trial. Objective findings (12-19-16 and 12-29-16) revealed left knee range of motion is 0-120 degrees, a positive straight leg raise test on the left at 45 degrees and diminished sensation in the left L5 and S1 distributions. Treatment to date has included Cyclobenzaprine, Ketoprofen and LidoPro ointment. The Utilization Review dated 1-13-17, non-certified the requests for retrospective TENS unit for purchase for the lumbar spine, left hip, lower leg and knee DOS 12-29-16 and a retrospective E-stim DOS 12-29-16.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS unit, purchase, lumbar spine, left hip, lower leg, and knee (DOS 12/29/16): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2016, Section(s): TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: Per the 2016 Chronic Pain Treatment Guidelines, TENS 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, including reductions in medication use. A home-based treatment trial of one month may be appropriate for neuropathic pain, CRPS III, and spasticity. Additionally, per the ACOEM Guidelines, Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists. In this case, there is no documentation of a 30-day home trial with TENS/E-stim. Additionally, there no proposed program of functional restoration in addition to TENS/E-stim. Medical necessity had not been established. The request for retrospective TENS unit, purchase, lumbar spine, left hip, lower leg, and knee (DOS 12/29/16) is determined to not be medically necessary.

Retrospective E-stim (DOS 12/29/16): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2016, Section(s): TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: Per the 2016 Chronic Pain Treatment Guidelines, TENS 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, including reductions in medication use. A home-based treatment trial of one month may be appropriate for neuropathic pain, CRPS III, and spasticity. Additionally, per the ACOEM Guidelines, Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are

as effective as those performed by therapists. In this case, there is no documentation of a 30-day home trial with TENS/E-stim. Additionally, there no proposed program of functional restoration in addition to TENS/E-stim. Medical necessity had not been established. The request for retrospective E-stim (DOS 12/29/16) is determined to not be medically necessary.