

Case Number:	CM13-0025540		
Date Assigned:	11/20/2013	Date of Injury:	04/05/2010
Decision Date:	01/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery 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 physician 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 65-year-old female who reported an injury on May 06, 2010. The patient is currently diagnosed with status post bilateral knee total arthroplasty, severe lumbar stenosis, pending cauda equina syndrome, lumbar discogenic disease, chronic low back pain, and recent cardiac stent placement. The patient was recently seen by [REDACTED] on October 08, 2013 with complaints of chronic intractable low back pain, bilateral knee pain, and status post bilateral knee arthroplasty. Physical examination revealed painful range of motion of the lumbar spine, spasm, positive Lasãgue's testing and straight leg raising bilaterally, motor weakness bilaterally at 4/5, decreased sensation bilaterally at L4-5 and L5-S1, and bilateral pain at L4-5 and L5-S1. Treatment recommendations included continuation of a Transcutaneous Electrical Nerve Stimulation (TENS) unit, and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS or Interferential Unit rental with supplies for two (2) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 114-116 Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tanscutaneous electrotherapy Page(s): 114-121.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 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. There should be documentation of pain at least 3 months in duration and evidence that other appropriate pain modalities have been tried including medication and failed. As per the clinical notes submitted, there is no indication that other appropriate pain modalities have been tried and failed. There is also no documentation of this patient's active participation in an evidence based functional restoration program to be used as an adjunct to TENS therapy. It was noted on August 27, 2013, the patient did receive a TENS unit, and did report relief. However, the patient continued to report high levels of pain to multiple areas of the body. Satisfactory response to treatment as well as documentation of how often the unit was used was not provided. Additionally, the current request for a 2 month rental does not fall within the California MTUS Guidelines. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.