

Case Number:	CM13-0047624		
Date Assigned:	12/27/2013	Date of Injury:	10/11/2012
Decision Date:	07/03/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/01/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 43 year old male who reported an injury on 10/11/2012 due to a traumatic fall. The claimant complained of right buttock burning sharp stabbing pain with tightness and numbing, right Achilles tightness, and right thigh and knee pain. On 11/20/2013 the physical examination revealed that the claimant had decreased sensation to his right lower extremity. The results of the deep tendon reflexes are as follows L3 Patellar tendon left 3+-brisk, right 3+-brisk, and S1 Achilles tendon left 2+- normal, right 2+-normal. On 10/31/2013 the MRI revealed degenerative change of the lower lumbar spine without canal stenosis. There was neural foraminal narrowing L4-L5 and L5-S1. Diagnoses include contusion of the right knee and the right lower back. The claimant has attended physical therapy. The claimant was on the following medications diclofenac, ibuprofen, Tylenol, and omeprazole. The current treatment plan is for electrodes (8 pairs per month) for 3 months, batteries (6 AAA per month) for 3 months, GSM TENS unit with HAN Programs. There was no rationale or request for authorization form provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODES (8 PAIRS PER MONTH) 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

BATTERIES (6 AAA PER MONTH) FOR 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PURCHASE OF GSM TENS UNIT WITH HAN PROGRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The California MTUS Guidelines state that there must be evidence that other appropriate pain modalities have been tried (including medication) and failed. The TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence based functional restoration, including reductions in medication use. In this case, there is lack of documentation of any other treatment that was instituted in regards to his back. The treatment documentation provided was focused on the right knee. In addition, there is a lack of documentation of a successful one month trial to support the request for purchase. Therefore the request for the GSM TENS Unit with Han Programs is not medically necessary and appropriate.