

Case Number:	CM13-0054199		
Date Assigned:	12/30/2013	Date of Injury:	11/23/2009
Decision Date:	03/18/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 Family Practice, 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 40-year-old that reported a work injury on 11/2009. The mechanism of injury was not included in the documentation. The clinical note dated 11/01/2013 states that the patient complained of pain to his right knee and right leg. The patient rates the pain without medication as a 9/10 and rates it as a 7/10 with medication. The clinical note states that walking aggravates the pain and walks with a cane. The clinical note states that the patient takes Norco and Lyrica for pain. The patient also takes Ambien, Celebrex, ryzolt, and omeprazole. The recommendation at this clinical visit is for a trial of thirty days of a TENs (transcutaneous electrical nerve stimulation) unit to help reduce the need for pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

A thirty day TENS (Transcutaneous electrical nerve stimulation) unit trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 115-116.

Decision rationale: The request for a 30 day trail use of TENS unit is non-certified. The patient showed signs and symptoms of pain during the clinical visit and was noted in the notes. The pain

does worsen when ambulating and therefore the patient must use a cane to ambulate. The Chronic Pain Medical Treatment Guidelines do recommend a month trial for the use of a TENS unit but prior to the trial there must be three months of documentation of tried and failed appropriate pain modalities including medications. There is lacking documentation of MRI testing, other therapies and surgical history. Therefore, the request for a thirty day TENS unit trial is not medically necessary or appropriate.