

Case Number:	CM13-0065357		
Date Assigned:	01/03/2014	Date of Injury:	08/05/2011
Decision Date:	03/19/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation 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:

This 56-year-old male sustained a fall injury from slipping on liquid on 8/5/11 while employed by [REDACTED]. The request under consideration include prime dual stimulator TENS unit for six (6) months, plus batteries, electrodes, and lead wires for a two-month supply. The report of 10/18/13 from the provider noted that the patient had ongoing low back and right knee pain. He is status post right knee surgery. The treatment has included physical therapy and medications. The exam showed lumbar spine range of flexion/extension/ bending at 40/10 and 15 degrees; straight leg raise (SLR) positive on the right; decreased right patellar and hamstring reflexes; ambulates with can in the left hand and a right knee brace; right knee range flex/extension/ER/IR 61/0/10/15 degrees; positive bilateral McMurray; positive varus; and grind test negative. The diagnoses included lumbar spondylosis with myelopathy, tear of medial meniscus of the right knee with bursitis, and chondromalacia. The recommended treatment request for multi-interferential stimulator with dual TENS for six (6) months and supplies as above was non-certified on 11/21/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime dual stimulator TENS unit for six (6) months, plus two (2) month supply of batteries, electrodes, and lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: The Chronic Pain Guidelines indicate that ongoing treatment is not advisable if there are no signs of objective progress, and functional restoration has not been demonstrated. The specified criteria for the use of a TENS unit include, trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least a three (3) month duration, with failed evidence of other appropriate pain modalities tried, such as medication. It appears that the patient has received extensive conservative treatment to include medications, therapy, and surgery; however, the functional status and pain relief remain unchanged. There is no documented short-term or long-term goals of treatment with the TENS unit. The submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach, to support the request for the home TENS unit for six (6) months. There is no evidence of change in the work status, increased in activities of daily living (ADLs), decreased visual analog scale (VAS) score, medication usage, or treatment utilization from the physical therapy treatment already rendered from any trial one (1) month of TENS use. As the continued use of a TENS unit has failed, and is not supported, so are all associated supplies. The request is not medically necessary and appropriate.