

Case Number:	CM14-0004155		
Date Assigned:	02/05/2014	Date of Injury:	03/14/2011
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/11/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This patient is a 45-year-old male with date of injury of 03/14/2011. Per progress report, which is handwritten, dated 12/09/2013, the patient has pain from right lower back with radiation to the knee, has difficulty going from sitting to standing position. Listed diagnoses are knee sprain/strain status post surgical, lumbar sprain/strain. Treatment plan was for acupuncture 6 visits, refill of medications that include Flexeril, tramadol ER, omeprazole and Menthoderm, TENS unit, and I will wait the report from QME. On 12/17/2013, a handwritten progress report states "TENS unit teaching done today." The 08/01/2013 report has the patient's low back and right knee pain at 7/10 and the treatment plan was for EMG/NCV studies, continue CMT x3, lumbar and knee support brace, continue home exercise, ice/heat therapy. The 07/03/2013 report has low back and right knee pain at 7/10, with recommendations for chiropractic therapy x12 visits, continue home exercise, reviewed MRI of the lumbar spine revealing 2-mm disk bulge at L5-S1 and mild to moderate foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS UNIT,

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

Decision rationale: MTUS Guidelines allow TENS unit for specific conditions including neuropathic pain, phantom limb pain and CRPS-II, spasticity and multiple sclerosis. Furthermore, when it is indicated, 1-month rental trial for home use is recommended prior to providing the unit. In this case, the patient presents with chronic knee and low back pain without documentation of neuropathic pain or other conditions that would qualify for use of TENS unit. Furthermore, despite review of multiple progress reports, there is no evidence that the patient has tried TENS unit for 1 month at home use. The request is not medically necessary.