

Case Number:	CM14-0004284		
Date Assigned:	01/15/2014	Date of Injury:	11/14/2011
Decision Date:	06/25/2014	UR Denial Date:	12/30/2013
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 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:

The patient is a 56 year old male who has submitted a claim for lumbar sprain/strain, lumbosacral radiculopathy, and left knee lateral meniscus tear associated with an industrial injury date of November 14, 2011. Medical records from 2013 were reviewed. The patient complained of chronic low back pain with radiation down to the bilateral lower extremities with associated numbness and tingling into the bilateral knee levels. Physical examination showed 4/5 weakness of bilateral toe extension. Treatment to date has included NSAIDs, opioids, topical analgesics, home exercise programs, physical therapy, and surgery (3/28/13). A utilization review from December 30, 2013 modified the request for TENS unit trial for the lower back and left knee to TENS unit trial for the left knee and denied TENS unit trial for the lower back due to a lack of documents included in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT TRIAL FOR LOWER BACK AND LEFT KNEE: 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, , 116

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

Decision rationale: Pages 114-116 of the MTUS Chronic Pain Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered. Criteria for use of TENS unit include pain of at least three months duration, evidence that other pain modalities have been tried (including medication) and failed, and a treatment plan including specific short and long term goals of treatment with the TENS unit. In this case, the patient was prescribed a TENS unit trial for chronic lower back and knee symptoms. However, there were no reports of a failure of oral pain medications and physical therapy. Physical therapy notes revealed restoration of full range of motion (ROM) in the lumbar spine and slight improvement of ROM in the left knee. Improvement of pain scores were noted with oral pain medication intake. The most recent progress notes reported no acute exacerbations and progression of symptoms. The request did not indicate specific functional goals with a TENS unit trial. The latest progress notes pertaining to the lower back and left knee are dated October 15, 2013 and July 25, 2013 respectively. Documents regarding reevaluation of the patient beyond the given dates were not included in the medical records submitted. Therefore, the request for TENS unit trial for the lower back and left knee is not medically necessary and appropriate.