

Case Number:	CM14-0106312		
Date Assigned:	07/30/2014	Date of Injury:	09/08/2011
Decision Date:	10/01/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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 Occupational Medicine 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 53-year-old female who was injured on 09/08/2011 while working her usual and customary duties as a live-in nurse for a [REDACTED] facility. Prior treatment history has included topical NSAIDS and acupuncture therapy. There are no diagnostic studies available for review. Progress report dated 05/13/2014 states the patient presented with complaints of low back pain rated as 9/10. She describes the pain as constant and moderate to severe with associated numbness and tingling. Her pain becomes aggravated with activities of daily living such as performing personal hygiene and getting dressed. Her right knee pain is rated as 9/10 and is aggravated by squatting, kneeling, ascending, or descending. On exam, there is tenderness to palpation at the spinous processes at L4-S1. There is palpable tenderness with spasm and tenderness noted at right sciatic notch. The right knee revealed effusion and +1 tenderness over the medial and +2 tenderness at the lateral joint line. Her range of motion of the knee revealed flexion to 120 degrees on the right and extension to -05 degrees. The patient is diagnosed with low back pain, lumbar spine radiculopathy, lumbar spine sprain/strain; right knee pain; and right knee sprain/strain. She has been recommended for a TENS unit with supplies for home use and hot/cold unit as well. Prior utilization review dated 07/02/2014 states the request for Prime Dual-TENS/EMS unit with 2-month supplies (electrodes, batteries, and lead) is denied, as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Dual-TENS/EMS unit with 2 month supplies (electrodes, batteries, and lead):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: According to MTUS guidelines, "TENS may be indicated in the treatment of diabetic neuropathy, post-herpetic neuralgia, CRPS, Phantom Limb, Multiple Sclerosis or spasticity. However, in this case records do not establish any of these conditions." There are symptoms and signs suggestive of lumbar radiculopathy but no diagnostic studies to corroborate findings. There is no documentation of a one-month TENS trial with frequency of use and outcomes. There is no treatment plan with short and long-term goals. Medical necessity is not established.