

Case Number:	CM14-0010785		
Date Assigned:	02/21/2014	Date of Injury:	07/11/2013
Decision Date:	06/30/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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 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 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 injured worker is a 57 year old male who reported an injury on 7/11/13. Per the clinical note dated 1/10/14, the injured worker reported continued low back and left knee pain. An MRI of the left knee dated 9/3/13 did not show any abnormalities or tears to the structures of the knee. The diagnoses for the injured worker included left knee sprain and lumbar muscle sprain. The injured worker has undergone multiple physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF 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, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTROTHERAPY, 114-117

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, specific criteria are required for the use of a TENS unit. There must be evidence that other

appropriate pain modalities (including medication) have been tried and failed; other ongoing pain treatment should also be documented during the trial period. The TENS unit is appropriate for neuropathic pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. The guidelines recommend that a one-month trial period of the TENS unit should be monitored with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan, including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was a lack of documentation regarding other modalities that had been attempted and failed. In addition there was a lack of documentation regarding the efficacy of the pain medications. There was a lack of documentation regarding the one month trial of the TENS unit. There was a lack of documentation regarding the efficacy of the unit, how often the unit was used, as well as quantifiable pain relief or increase in functional status. As such, the request is not medically necessary.