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| Case Number: | CM14-0170336 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 05/16/2013 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/15/2014 |

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 Pain 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:

This is a patient with a date of injury of May 16, 2013. A utilization review determination dated September 26, 2014 recommends non-certification for a tens unit. Non-certification was recommended since the request exceeds the standard timeframe for a trial and there is lack of documentation of failed conservative treatment and an adjunctive program of functional restoration. A progress report dated September 16, 2014 identifies subjective complaints of low back pain and right knee pain rated 7/10. Objective examination findings revealed tenderness to palpation and an antalgic gait with a single point cane. Diagnoses included lumbar spine sprain/strain, right knee arthralgia, and rule out knee internal derangement. The treatment plan recommends pain medication, an exercise program, and urine toxicology. A progress report dated September 4, 2014, identifies subjective complaints of low back pain and right knee pain. Physical examination findings reveal restricted lumbar range of motion with tenderness to palpation and decreased right knee range of motion with tenderness to palpation. The treatment plan recommends home exercises, right knee surgery, EMG/NCV of bilateral lower extremities, and a tens unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental 3-6 months, right knee and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a 30-day TENS unit trial. If the patient has not undergone a TENS unit trial, then the current request exceeds the duration recommended as a trial by guidelines. In the absence of clarification and the guidelines, this request is not medically necessary.