

Case Number:	CM14-0172205		
Date Assigned:	10/23/2014	Date of Injury:	05/09/2011
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old female with a 5/8/11 date of injury. At the time (9/19/14) of request for authorization for TENS unit to lumbar spine, there is documentation of subjective (ongoing low back pain, right knee pain, and left ankle pain) and objective (tenderness to palpation over the lumbar spine with spasm and limited range of motion, positive Lasegue's on the right, tenderness to palpation over the facet joints, positive pain with axial loading, and severe S1 radicular pain terminating in the lateral right foot; right knee positive patellofemoral crepitation and positive Apley's grind test; left knee mild effusion and positive tenderness over the lateral joint line; and left ankle and foot tenderness at the Achilles, positive soft tissue swelling at insertion, and positive Thompson test) findings, current diagnoses (lumbar spine degenerative disc disease, lumbar spine facet arthropathy, status post right knee surgery, chronic low back pain, left knee sprain/strain, and left ankle Achilles tendon tear), and treatment to date (medications). There is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit to Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Worker's Comp (TWC) Disability Duration Guidelines; Pain (Chronic) (Updated 01/07/14); TENS (transcutaneous electrical nerve stimulation), Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of lumbar spine degenerative disc disease, lumbar spine facet arthropathy, status post right knee surgery, chronic low back pain, left knee sprain/strain, and left ankle Achilles tendon tear. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. Therefore, based on guidelines and a review of the evidence, the request for TENS unit to lumbar spine is not medically necessary.