

Case Number:	CM14-0178187		
Date Assigned:	10/31/2014	Date of Injury:	01/20/2009
Decision Date:	12/08/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/27/2014

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 Geriatrics and is licensed to practice in New York. 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 40 year old man with a date of injury of 1/20/09. He was seen by his primary treating physician on 7/23/14 with complaints of back and right lower extremity pain including right knee pain and a 'slipping sensation' which he indicated was worse. This is the most recent note available in the records for review. He had two sessions of water therapy which were helpful. His exam showed he ambulated with a slow, guarded, antalgic gait. He had right knee pain with straight leg raising. He had hypesthesia to light touch over the right anterior thigh and his motor testing was grossly normal. His diagnoses were chronic pain syndrome, lumbar degenerative spine disease and secondary radicular syndrome, hip osteoarthritis, knee osteoarthritis and obesity. Prior notes indicate he was using a TENS unit. At issue in this review are electrodes - pair for his TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes, pair: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

Decision rationale: A TENS unit 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. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, the request is for longer than the one month trial and it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a pair of electrodes is not substantiated.