

Case Number:	CM14-0021928		
Date Assigned:	02/26/2014	Date of Injury:	06/19/2010
Decision Date:	07/24/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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:

This is a 59-year-old male patient with a 6/19/10 date of injury. 12/12/13 progress report indicates chronic low back pain, increased neck and right upper extremity pain. Physical exam demonstrates limited lumbar range of motion, unremarkable neurologic findings in the lower extremities, tenderness to palpation over the hardware. The 11/13/13 progress report indicates right knee pain and swelling. This report indicates that the patient denies musculoskeletal problems with the exception of knee complaints. Physical exam demonstrates right knee effusion, medial joint line tenderness, positive medial McMurray sign. The 10/24/14 right knee MRI demonstrates a complex tear of the medial meniscus. The 6/23/11 lumbar MRI demonstrates posterior disk bulges at L3-4 and L4-5, a 6-mm posterior disk bulge at L5-S1. Treatment to date has included medication, activity modification, physical therapy, chiropractic care, acupuncture, massage therapy, facet injections, and lumbar ESI. The patient underwent L4-5 to L5-S1 fusion on 7/10/12. The patient reports minute relief with tens. Numerous medical reports from 2013 indicated persistent similar findings. There is documentation of a previous 2/7/14 adverse determination for lack of quantification of pain relief with TENS trial and no information regarding functional gains or decreased medication intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit 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 and that other ongoing pain treatment should also be documented during the trial period including medication. However, there is little information regarding this patient's treatment history over the last months including the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no specific duration or request for a trial. There is insufficient documentation to establish medical necessity for the requested TENS unit. Therefore, the request for a TENS UNIT was not medically necessary.