

Case Number:	CM14-0021935		
Date Assigned:	05/09/2014	Date of Injury:	03/14/2004
Decision Date:	07/10/2014	UR Denial Date:	02/18/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50 year-old female with a March 14, 2004 industrial injury claim. She has been diagnosed with status post (s/p) right knee surgery x1; bilateral knee internal derangement; s/p lumbar (L)4 L5 and L5-S1 fusion; s/p lumbar hardware removal; chronic low back pain; L3-L4 stenosis; facet disease at L3-L4; and gastroesophageal reflux disease. According to the January 8, 2014 orthopedic report from [REDACTED], the patient presents with chronic lower back pain and bilateral knee pain. [REDACTED] recommended continuing with transcutaneous electrical nerve stimulation (TENS)/Electronic Muscle Stimulator (EMS) unit. On the February 19, 2014 report, continuing the TENS therapy was also recommended, but there is no documentation of efficacy of the TENS. The patient was also reported to be using the TENS on August 15, 2013. On February 18, 2014 UR recommended denial of the TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED USE OF TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR) / EMS (ELECTRONIC MUSCLE STIMULATOR) 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
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Decision rationale: According to the January 8, 2014 orthopedic report from [REDACTED], the patient presents with chronic lower back pain and bilateral knee pain. The patient has been using a TENS unit since August 15, 2013 with unknown benefits. The medical reports did not discuss efficacy of the TENS unit. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement". There is no discussion of functional improvement or pain reduction or improvement in quality of life with use of the TENS unit. MTUS does not recommend continuing with treatment that does not provide a satisfactory response. Therefore the request for continued use of TENS/EMS unit is not medically necessary.