

Case Number:	CM14-0029109		
Date Assigned:	06/20/2014	Date of Injury:	04/06/2009
Decision Date:	08/04/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/06/2014

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 62-year-old male with a 4/6/09 date of injury. At the time (12/3/13) of request for authorization for Norco 10/325 mg # 240 with 2 refills, Xanax 0.5 # 120 with 2 refills, and 1 EMPI TNS, there is documentation of subjective findings of continued severe right knee pain and right hip pain radiating to the groin with burning and numbness to the lateral thigh; low back pain radiating to the legs with difficulty ambulating; and difficulty performing activities of daily living and objective findings of tenderness to palpation over the ischium and right sacral notch, positive straight leg raise, positive pelvic obliquity; tenderness to palpation over the lateral joint line of the right knee with decreased range of motion, absent knee reflexes bilaterally, decreased sensation over the right L4 dermatome; tenderness to palpation over the right groin; and weakness of the right hip flexors. The current diagnoses are right knee pain status post total knee replacement, right leg pain, probable sciatica; abnormal gait, and anxiety/depression. The treatment to date includes Norco and Xanax since at least 5/17/13 with pain relief; ongoing therapy with TENS unit, physical therapy, acupuncture, injections, activity modification, and home exercise program. In addition, medical report plan identifies continue use of TENS unit as it helps the right leg pain and increases walking ability. Regarding Xanax 0.5 # 120 with 2 refills, there is no documentation of short-term (less than 4 weeks) treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Xanax. Regarding 1 EMPI TNS, 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, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit; and how often the unit was used.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMPI TNS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: California 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, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, California 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 right knee pain status post total knee replacement, right leg pain, probable sciatica; abnormal gait, and anxiety/depression. In addition, there is documentation of ongoing therapy with the TENS unit. Furthermore, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried and failed. Lastly, given documentation of pain relief and increased walking ability with the use of the TENS unit, there is documentation of outcomes in terms of pain relief and function. However, despite documentation of a plan identifying continue use of TENS unit, 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; and how often the unit was used. Therefore, based on guidelines and a review of the evidence, the request for 1 EMPI TNS is not medically necessary.