

Case Number:	CM14-0031138		
Date Assigned:	04/09/2014	Date of Injury:	04/26/2008
Decision Date:	06/23/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 Acupuncture & Pain Medication 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 53 year old female injured worker with date of injury 4/26/08 with related discomfort in the low back and knees. Per 12/30/13 progress report there was occasional numbness and popping in the knees when legs were straight. The bottom of her feet felt hot with difficulties standing and walking. She had difficulties performing her job duties. There was lumbar spine tenderness and pain and weakness in the bilateral knees. There was a positive MRI of the left knee for cystic lesion abutting the anterior horn of the lateral meniscus dated 6/12/12. The documentation submitted do not indicate that physical therapy or medications were utilized. The date of Utilization Review (UR) decision was 1/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139, Chronic Pain Treatment Guidelines CHAPTER 12 Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TRANSCUTANEOUS ELECTROTHERAPY, PAGE(S)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted for review does not indicate that the injured worker has underwent a TENS trial. The request is not medically necessary and appropriate.