MAXIMUS Federal Services

Case Number:	CM14-0071249		
Date Assigned:	07/14/2014	Date of Injury:	08/27/2009
Decision Date:	09/15/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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 & Rehabilitation 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 injured worker is a 40-year-old male who sustained an injury on August 27, 2009. He is diagnosed with (a) chondromalacia of patella, (b) internal derangement of the knee, (c) thoracic or lumbosacral neuritis or radiculitis, and (d) lumbago. He was seen on June 13, 2014 for an evaluation. He reported that he continued to have pain but was well managed with medications. Examination of the lumbar spine revealed tenderness over the sacroiliac joint. Lumbar muscle spasms were noted. Bilateral thoracic and lumbar paraspinal muscle tenderness and spasms were present as well, right worse than left. Examination of the right knee revealed mild patellar tenderness. Strength was decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 lead digital TENS device for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115. Decision based on Non-MTUS Citation) Low Back - Lumbar & Thoracic, TENS.

Decision rationale: The request for 4-lead digital transcutaneous electrical nerve stimulation unit is not medically necessary at this time. According to the California Medical Treatment Utilization Schedule, one of the criteria for the utilization of transcutaneous electrical nerve stimulation unit is that there should be evidence of trial and failure of other pain modalities including medications. From the medical records reviewed, it has been determined that the injured worker has been responding favorably to his medications as it had managed his pain symptomatologies well. Medications remained effective and thus the need for a home use of 4-lead digital transcutaneous electrical nerve stimulation unit is not necessary at this time. More so, it has not been established from the medical records reviewed why the use of 4-lead unit is more appropriate for the injured worker instead of a 2 -lead unit.