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| Case Number: | CM14-0075197 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 10/11/2012 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 05/22/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 46-year-old male who reported an injury on 10/11/2012. The mechanism of injury was not provided. On 04/03/2014, the injured worker presented with low back pain. He reported that the pain radiated to the hips and increases with any movement. He also reported bilateral knee pain that radiated to the knees from his lower back with associated numbness and tingling sensation to his legs. Upon examination, there was tenderness to palpation with spasm over the paraspinals and tenderness to palpation over the bilateral sacroiliacs. There was limited range of motion secondary to pain. Examination of the bilateral knees revealed limited range of motion secondary to pain and a positive McMurray's. The diagnoses were lumbar spine sprain/strain with mild spasms, bilateral knee sprain/strain, and medication induced gastritis. Prior treatment included chiropractic treatment, acupuncture, and medications. The provider recommended a neural stimulator TENS unit. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator/TENS/EMF unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Crfiteria for use of TENs Page(s): 116.

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservation option, if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive. The published trials did not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. It was unclear if the injured worker underwent an adequate TENS trial. The request is also unclear if the injured worker needed to rent or purchase a TENS unit. Additionally, the provider's request does not indicate the site the TENS unit is intended for in the request as submitted. As such, the request is not medically necessary.