

Case Number:	CM14-0084168		
Date Assigned:	07/21/2014	Date of Injury:	08/21/2013
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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 Medicine and is licensed to practice in Texas. 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 54 year old male injured on 08/21/13 when he tripped and fell after stepping on a pipe while carrying an eight foot ladder. The injured worker suffered brief loss of consciousness with subsequent dizziness, right shoulder pain, right hip pain, right knee pain, and low back pain. The injured worker had subsequent seizure activity and headaches requiring medication management including Keppra and Elavil. The injured worker required orthopedic surgery on 05/15/14 for medial meniscus tear. Clinical note dated 05/08/14 indicated the injured worker presented complaining of low back pain radiating to the right lower extremity into the right lateral leg rated 8/10 on the visual analog scale with bending, lifting, sitting, and standing for prolonged periods of time and going to the bathroom. The injured worker reported decrease in pain to 6/10 on the visual analog scale with Relafen and cold packs. The injured worker also complained of right knee pain, headaches, dizziness, hearing difficulty, and vertigo. Physical examination revealed 4/5 strength to the right ankle dorsiflexion and first toe extension, decreased lumbar spine range of motion, 1+ right medial hamstring deep tendon reflexes, sensation decreased to the right lateral leg, tenderness to the L5 spinous process, and moderate spasm to the right L5 and S1, moderate tenderness to right lumbosacral spine, and positive right straight leg raise. Treatment plan included Celebrex 200mg once daily, Tylenol 500mg every 12 hours, gabapentin 600mg twice daily, and Methoderm cream twice daily. Additionally, request for transcutaneous electrical nerve stimulation (TENS) unit trial, electrodiagnostic studies (EMG/NCV), and transportation to and from medical appointments. The initial request for gabapentin 600mg and purchase of TENS unit was non-certified on 05/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

Decision rationale: As note on page 116 of the Chronic Pain Medical Treatment Guidelines, transcutaneous electrical nerve stimulation (TENS) use is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for TENS use includes documentation of pain of at least three months duration; evidence that other appropriate pain modalities have been tried (including medication) and failed; a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; other ongoing pain treatment should also be documented during the trial period including medication usage; and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The documentation indicates the intent to utilize the TENS unit trial as an adjunctive pain therapy; however, rental is recommended for trial purposes over purchase. As such, the request for Purchase Transcutaneous Electrical Nerve Stimulation (TENS) Unit cannot be recommended as medically necessary at this time.