

Case Number:	CM14-0015422		
Date Assigned:	04/28/2014	Date of Injury:	03/24/2013
Decision Date:	02/06/2015	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 Family Practice, 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 is a 43 year old female patient who sustained a work related injury on 3/24/13 Patient sustained the injury due to a fall The current diagnoses include lumbar disc with lower extremity neuralgia, left knee internal derangement and sleep disorder and depressive disorder Per the doctor's note dated 9/24/14, patient has complaints of Neck pain radiating into bilateral arms, low back pain, radiating into the left leg and left knee pain at 8/10 Physical examination of the cervical and lumbar spine revealed tenderness on palpation, full ROM and strength, and normal sensory and motor examination and negative SLR. Per the PT note dated 11/25/14 physical examination of the left knee revealed 3/5 strength and limited range of motion The current medication lists include Hydrocodone and anti inflammatory medication The patient has had an EMG of the lower extremity that revealed right peroneal neuropathy; MRI of the left knee that revealed meniscus tear and MRI of the low back that revealed multilevel disc protrusions The patient's surgical history include appendectomy; ESI and left knee injection and left knee arthroscopy on 11/3/14 The patient has received an unspecified number of PT and pain management visits for this injury. She has had a urine drug toxicology report on 6/10/14 that was negative for opioid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended rental neurostimulator TENS/EMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: According to the cited guidelines, electrical stimulation (TENS), 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do 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....Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)."According the cited guidelines, Criteria for the use of TENS is "- There is evidence that other appropriate pain modalities have been tried (including medication) and failed....- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted"Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided.Physical examination revealed she can arose from seated to standing without difficulty and normal gait and normal sensory and motor examination. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The request for extended rental neurostimulator TENS-EMS is not fully established for this patient.

One month home based trail of neurostimulator TENS electrical muscle stimulation (EMS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: According to the cited guidelines, electrical stimulation (TENS), 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies

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