MAXIMUS Federal Services

Case Number:	CM14-0189129		
Date Assigned:	11/20/2014	Date of Injury:	01/12/2013
Decision Date:	04/23/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42 year old female, who sustained an industrial injury on 1/12/2013. The current diagnoses are cervical disc herniation without myelopathy, thoracic disc displacement without myelopathy, lumbar disc displacement with myelopathy, strain of the bilateral wrists, tear of the medial meniscus of the bilateral knees, bursitis of the bilateral knees, and tendinitis/bursitis of the bilateral hips. According to the progress report dated 9/8/2014, the injured worker complains of severe pain in the cervical, thoracic, and lumbar spine, head, bilateral knees, hips, and wrists. Treatment has included medication management, MRI, and physical therapy. She was scheduled to undergo right knee surgery on 9/11/2014. The plan of care includes one month TENS unit rental with a two month supply of electrodes, batteries, and lead wires.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (one month rental): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The injured worker sustained a work related injury on 1/12/2013. The medical records provided indicate the diagnosis of cervical disc herniation without myelopathy, thoracic disc displacement without myelopathy, lumbar disc displacement with myelopathy, strain of the bilateral wrists, tear of the medial meniscus of the bilateral knees, bursitis of the bilateral knees, and tendinitis/bursitis of the bilateral hips. Treatments have included right knee arthroscopy, Physical therapy, MultiStim Unit. The medical records provided for review do not indicate a medical necessity for TENS unit (one month rental). The MTUS recommends the use of TENs unit as an adjunct in combination with a functional restoration program for the treatment for neuropathic pain, Complex Regional Pain Syndrome II, spasticity, and phantom phenomenon. The MTUS requiers that the use of TENs unit be guided by the following criteria: Documentation of pain of at least three months duration, There is 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, A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted, A 2-lead unit is generally recommended. The records reviewed do not indicate the worker has been enrolled in a functional restoration program, neither does the record document the short and long term goals. Therefore, the request is not medically necessary.

Electrodes, batteries and lead wires (2 month supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The injured worker sustained a work related injury on 1/12/2013. The medical records provided indicate the diagnosis of cervical disc herniation without myelopathy, thoracic disc displacement without myelopathy, lumbar disc displacement with myelopathy, strain of the bilateral wrists, tear of the medial meniscus of the bilateral knees, bursitis of the bilateral knees, and tendinitis/bursitis of the bilateral hips. Treatments have included right knee arthroscopy, Physical therapy, MultiStim Unit. The medical records provided for review do not indicate a medical necessity for Electrodes, batteries and lead wires (2 month supply). These products are needed for the operation of the TENs unit, but it has been determined the TENs unit is not medically necessary; therefore, this request is not medically necessary and appropriate.