

Case Number:	CM15-0007163		
Date Assigned:	01/26/2015	Date of Injury:	02/22/2013
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on February 22, 2013. The diagnoses have included right knee osteoarthopathy, right knee degenerative meniscal tear, medial, left knee internal derangement and low back pain with lower extremity symptoms. Treatment to date has included electromyogram and nerve conduction study of bilateral upper extremities on August 25, 2014 that were normal, Magnetic resonance imaging of lumbar spine and cervical spine, on August 28, 2014 and oral pain medication. Currently, the injured worker complains of right knee pain, left knee pain, low back pain with right greater than left lower extremity symptoms. On December 8, 2014 the provider notes the injured worker uses medication to maintain activities of daily living. On December 31, 2014 Utilization Review non-certified a TENS unit for lumbar, thoracic and cervical spine noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 23, 2014, the injured worker submitted an application for IMR for review of TENS unit for lumbar, thoracic and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for the lumbar, thoracic and cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: Per the 12/08/14 report the patient presents with worsening right knee pain, left knee pain and lower back pain with radicular symptoms to the lower extremities as well as cervical spine and shoulder pain. The current request is for TENS UNIT FOR THE LUMBAR THORACIC AND CERVICAL SPINE. The RFA is not included. The 12/31/14 utilization review states the request was first received 12/23/14, the date of service is 12/24/14 to 01/24/15 and that the request was modified to a 30 day trial of TENS. As of 12/08/14 the patient is temporarily totally disabled for 4 weeks. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) (p114-116) states, "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." MTUS further states use is for neuropathic pain. The reports provided for review show the patient is on a regimen of medications for pain and that this is not a primary treatment modality. The 08/04/14 report states, "Inquires regard to TENS. Recalls TENS was efficacious previously at physical therapy." This report also states, "This is a retro-request for TENS 30 day trail period recall TENS was efficacious at physical therapy." The 08/25/14 report states, "Continue TENS: TENS facilitates improved range of motion and improves tolerance to a variety of activity." In this case, the requested TENS unit is indicated for the neuropathic pain that is documented for this patient, a prior trial is documented and TENS helps the patient. The request IS medically necessary.