

Case Number:	CM15-0142617		
Date Assigned:	08/03/2015	Date of Injury:	02/15/2013
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 36 year old male sustained an industrial injury to the right ankle and foot on 2-15-13. X-ray of the right foot showed a fifth toe metatarsal fracture. Previous treatment included right foot surgery, physical therapy, bracing, CAM boot, crutches and medications. In a PR-2 dated 6-24-15, the injured worker complained of right ankle and foot pain rated 7 out of 10 on the visual analog scale without medications and 5 out of 10 with medications. The injured worker also complained of left knee and back pain due to altered gait. Physical exam was remarkable for right foot with a claw toe deformity and lateral plantar foot raised area with tenderness to palpation over the fifth metatarsal, mid foot and fifth metatarsal phalangeal with hyperalgesia and allodynia to the right foot with some mild redness and decreased sensation over the lateral foot with dysesthesias and hyperesthesia. Current diagnoses included causalgia lower limb, foot pain and pain in joint lower leg. The treatment plan included requesting authorization for a transcutaneous electrical nerve stimulator unit and continuing Norco and a trial of Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, transcutaneous electrical nerve stimulation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the visit to [REDACTED] Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are causalgia lower leg; pain; pain in joint lower leg. The date of injury is February 15, 2013. The request for authorization is June 24, 2015. According to a progress note dated June 24, 2015, subjectively, the injured worker complains of right ankle and foot pain. Pain scale is 5/10. Objectively, inspection showed claw toe deformity. There was tenderness palpation over the fifth metatarsal, midfoot and phalanges. There is no documentation of a one month TENS trial. Additionally, the documentation does not indicate the region to be treated with TENS. Consequently, absent clinical documentation with a one month TENS trial and specific short and long-term goals, TENS unit is not medically necessary.