

Case Number:	CM15-0148084		
Date Assigned:	08/11/2015	Date of Injury:	01/20/2012
Decision Date:	09/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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 57-year-old female, who sustained an industrial injury on 1-20-2012. The details regarding the initial injury were not documented in the medical records submitted for this review. Diagnoses include pain in the joint lower leg and knee pain. Treatments to date include modified activity, medication therapy, and aquatic therapy. Currently, she complained of pain rated 6 out of 10 VAS with medications and 10 out of 10 VAS without medications. On 7-8-15, the physical examination documented lumbar tenderness with muscle spasms, decreased range of motion, and positive Gaenslen's, facet loading and pelvic compressions tests. The right knee was significant for swelling, tenderness, and positive patellar grind and McMurray's tests. The plan of care included a request to authorize GSM HD TENS combo TENS with HAN (indefinite use); eight pairs of electrodes per month for twelve months; and six AAA batteries per month for twelve months.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM HD TENS Combo TENS with HAN (Indefinite Use): 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): 114-118.

Decision rationale: The MTUS Guidelines have very specific criteria regarding the type of electrical stimulation that is recommended. The Guidelines also have specific standards under which long term use of stimulation is supported. This request does not meet either of these Guideline criteria. This particular unit is a combination unit with TENS stimulation and Neuromuscular Stimulation (NMES). The Guidelines specifically state that NMES stimulation is not supported for chronic pain treatment and combination units are not supported in the Guidelines. The Guidelines also specifically state that a TENS unit should be rented and trialed for 30 days before longer term use. During this 30 day trial there should be documentation of use patterns, level of pain relief, functional improvements and impacts on other treatment i.e. medication needs. There is no documentation of the necessary trial period. The GSM HD TENS Combo TENS with HAN (Indefinite Use) is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. This unit is not medically necessary.

Electrodes 8 Pairs Per Month (Months) Qty 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-118.

Decision rationale: The MTUS Guidelines have very specific criteria regarding the type of electrical stimulation that is recommended. The Guidelines also have specific standards under which long term use of stimulation is supported. This request does not meet either of these Guideline criteria. This particular unit is a combination unit with TENS stimulation and Neuromuscular Stimulation (NMES). The Guidelines specifically state that NMES stimulation is not supported for chronic pain treatment and combination units are not supported in the Guidelines. The Guidelines also specifically state that a TENS unit should be rented and trialed for 30 days before longer term use. During this 30 day trial there should be documentation of use patterns, level of pain relief, functional improvements and impacts on other treatment i.e. medication needs. There is no documentation of the necessary trial period. The GSM HD TENS Combo TENS with HAN (Indefinite Use) is not supported by Guidelines, which leads to the direct conclusion that Electrodes for this unit are not supported by Guidelines. The Electrodes 8 Pairs Per Month (Months) Qty 12 are not medically necessary.

6 AAA Batteries per Month (Months) Qty 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 114-118.

Decision rationale: The MTUS Guidelines have very specific criteria regarding the type of electrical stimulation that is recommended. The Guidelines also have specific standards under which long term use of stimulation is supported. This request does not meet either of these Guideline criteria. This particular unit is a combination unit with TENS stimulation and Neuromuscular Stimulation (NMES). The Guidelines specifically state that NMES stimulation is not supported for chronic pain treatment and combination units are not supported in the Guidelines. The Guidelines also specifically state that a TENS unit should be rented and trialed for 30 days before longer term use. During this 30 day trial there should be documentation of use patterns, level of pain relief, functional improvements and impacts on other treatment i.e. medication needs. There is no documentation of the necessary trial period. The GSM HD TENS Combo TENS with HAN (Indefinite Use) is not supported by Guidelines which leads to the direct conclusion that 6 AAA Batteries per Month (Months) Qty 12 for this unit are not medically necessary.