

Case Number:	CM15-0192247		
Date Assigned:	10/06/2015	Date of Injury:	01/05/2014
Decision Date:	11/13/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male with a date of injury of January 5, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar discogenic condition with facet inflammation and radiculopathy, internal derangement of the left knee, and stress. Medical records dated July 28, 2015 indicate that the injured worker complained of continuing back pain and left knee pain. A progress note dated August 27, 2015 documented complaints of ongoing lower back pain. Per the treating physician (August 27, 2015), the employee has not returned to work. The physical exam dated July 28, 2015 reveals tenderness along the left knee medial greater than lateral joint line, tenderness along the lumbar paraspinal muscles, pain along the lumbar facets, and pain with lumbar facet loading. The progress note dated August 27, 2015 documented a physical examination that showed no change in the lumbar spine examination since the exam performed on July 28, 2015. The left knee was not examined on August 27, 2015. Treatment has included medications (Ultracet 37.5-325mg, Flexeril 7.5mg, Motrin 800mg and Lidoderm patches since at least March of 2015; Tylenol #3 since at least July of 2015), acupuncture, transcutaneous electrical nerve stimulator unit, and chiropractic treatments. The original utilization review (September 4, 2015) non-certified a request for a transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS unit (dispensed from office 8/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for low back and left knee pain and secondary stress. In March 2015, he was having ongoing low back pain. He had been approved for use of TENS unit with a conductive garment for the low back which was provided. When seen in August 2015, he had almost 2 weeks of spasms after discontinuing acupuncture treatments. Physical examination findings included lumbar paraspinal muscle and facet tenderness. Facet loading was positive. Medications were refilled. A replacement TENS unit was provided. In this case, the reason for replacing the claimant's TENS unit is not documented nor is there any ongoing assessment of its use and effectiveness. Low cost basic TENS units are available for home use and supplies such as electrodes and leads can be reused many times. Replacing the claimant's TENS unit would not fix a problem caused by a broken lead or by pads that need to be replaced. Without identifying the reason for replacing the claimant's TENS unit as well as establishing the medically necessary of continued use of TENS, the request cannot be accepted as being medically necessary.