

Case Number:	CM15-0199799		
Date Assigned:	10/15/2015	Date of Injury:	03/26/2014
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old female, who sustained an industrial injury on 03-26-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for head pain, cervical and lumbar spine musculoligamentous sprain-strain with radiculitis, right shoulder sprain-strain, bilateral elbow sprain-strain, right elbow lateral epicondylitis, bilateral hip sprain-strain, and status post right ankle open reduction and internal fixation in 2014 with residual pain and decreased range of motion. Treatment and diagnostics to date has included physical therapy, right ankle surgery, and medications. Recent medications have included compound creams and Tramadol. After review of progress notes dated 07-15-2015 and 08-21-2015, the injured worker reported headaches and pain in the neck, lower back, right shoulder, right elbow, right hip, and right ankle (rated 5-6 out of 10 on the pain scale). Objective findings included tenderness to palpation to right ankle. The request for authorization dated 07-15-2015 requested compound creams, Tramadol, Theramine, and prime dual electrical stimulator (TENS-EMS). The Utilization Review with a decision date of 09-17-2015 non-certified the request for retrospective TENS (Transcutaneous Electrical Nerve Stimulation) Unit Device for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS device 4/more leads MX nerve stimulation for the right ankle for DOS 8/21/15: 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): Electrical stimulators (E-stim), Transcutaneous electrotherapy.

Decision rationale: Retrospective TENS device 4/more leads MX nerve stimulation for the right ankle for DOS 8/21/15 is not medically necessary per the MTUS Guidelines. The MTUS states that 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. 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; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The documentation does not indicate that the patient has had a one-month trial period of this unit with documentation of outcomes and efficacy. Additionally, the documentation states that this treatment involves EMS, which is not supported for chronic pain, but rather this is used in stroke rehabilitation. Furthermore, there is no rationale why a 4 lead unit is necessary or documentation of short and long term treatment goals. This request is not medically necessary.