

Case Number:	CM15-0208007		
Date Assigned:	10/26/2015	Date of Injury:	02/17/2014
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 58 year old male, who sustained an industrial injury on 2-17-14. The injured worker is diagnosed with lumbar sprain-strain, lumbar spine facet arthropathy, lumbar spine disc bulge, lumbar radiculopathy, right hip labrum tear, hip sprain-strain and knee sprain-strain. His work status is modified duty. Notes dated 4-22-15, 7-22-15 and 10-8-15 reveals the injured worker presented with complaints of back pain. He reports right hip described as deep pressure and right knee pain described as pressure with loss of strength and locking. His pain is rated at 4-5 out of 10. Pain increases with activity and prolonged walking and standing. He reports difficulty shopping, but is able to do household chores. He reports his ability to lift, walk, stand, sit and drive have decreased. A physical examination dated 4-22-15 and 6-25-15 revealed the lumbar spine, right hip and right knee are tender to palpation and mildly decreased lumbar range of motion. Treatment to date has included home exercise program, crutches, medication (on hold due to elevated liver enzymes) and TENS unit helps reduce the pain per note dated 10-8-15. A request for authorization dated 10-8-15 for 2 pairs of transcutaneous electrical nerve stimulation electrodes is non-certified, per Utilization Review letter dated 10-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) pairs of transcutaneous electrical nerve stimulation electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: Guidelines do not support TENS as a primary treatment modality and reserves its use for one month home based trial in patients with an adjunct program of functional restoration. In this case, there are no documented indications for purchase of a TENS unit, no documentation of a successful one month trial and no evidence of ongoing active rehabilitation. There is no report of functional benefit from electrical stimulation under the supervision of a licensed physical therapist. The request for a TENS unit for home use is not medically appropriate and necessary.