MAXIMUS Federal Services

Case Number:	CM15-0020731		
Date Assigned:	02/10/2015	Date of Injury:	11/10/2014
Decision Date:	03/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation

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 43 year old male who sustained a work related injury, noted as cumulative trauma, with pain in his back, both legs and psychological problems, November 10, 2014. He received medications for pain and physical therapy. According to a primary treating physician's report dated December 3, 2014, the injured worker presented with complaints of burning, radicular low back pain and muscle spasms, rated 8/10. He describes the pain as constant, moderate to severe with numbness and tingling of the bilateral lower extremities. Also present is bilateral burning knee pain rated 8/10, describes as constant and moderate to severe. Diagnoses include lumbago; lumbar spine sprain/strain, r/o disc displacement; r/o lumbar radiculopathy; bilateral knee sprain/strain r/o derangement; stress and anxiety/mood/sleep disorder. Recommendations included; medications, x-rays, LSO brace, medium open patella right and left knee braces, TENS unit with supplies for home use, hot/cold unit, physical therapy, shockwave therapy, neurostimulation therapy, electromyography studies, MRI of the lumbar spine and bilateral knees and a Functional Capacity Evaluation. Work status is considered temporarily totally disabled to January 2, 2015. According to utilization review dated January 7, 2015, the request for TENS Unit Purchase and one month supplies is non-certified, citing MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit and one month supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, bracing, shockwave therapy, neurostimulation therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The Purchase of TENS unit and one month supplies is not medically necessary and appropriate.