

Case Number:	CM15-0020747		
Date Assigned:	02/10/2015	Date of Injury:	07/12/1995
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
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 73 year old male, who sustained an industrial injury on 7/12/95. He has reported back and bilateral leg injury. The diagnoses have included severe end stage thoracolumbar degenerative disease with spinal cord compression T12-L2 and progressive pain. Treatment to date has included left shoulder and bilateral knee replacement, oral medications and physical therapy. (MRI) magnetic resonance imaging of lumbosacral spine dated 10/20/14 revealed multi-level cervical spondylosis and degenerative changes. Currently, the injured worker complains of decreased sensation and strength of lower extremities with difficulty ambulating. Physical exam dated 12/1/14 revealed decreased range of motion of lumbar spine, absent reflexes in lower extremities and abnormal gait. On 1/21/15 Utilization Review non-certified TENS unit or interferential unit and supplies, noting there is no documentation that the injured worker has been using an interferential or a TENS unit. The MTUS, ACOEM Guidelines, was cited. On 2/2/15, the injured worker submitted an application for IMR for review of TENS unit or interferential unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment TENS or IF unit and supplies for the neck, back, both legs, and Psyche: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chronic condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, and previous TENS trial yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The Durable medical equipment TENS or IF unit and supplies for the date of service for neck, back, both legs, and Psyche is not medically necessary and appropriate.