MAXIMUS Federal Services

Case Number:	CM15-0022738		
Date Assigned:	02/12/2015	Date of Injury:	01/13/1982
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/06/2015

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: 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 64 year old male who sustained a work related injury January 13, 1982. According to a treating physician's progress report, dated January 13, 2015, the injured worker presented requesting refill of medications. He has chronic neck, low back and knee pain secondary to multiple injuries sustained while working as a welder. He is maintained on Norco and use of a TENS unit. The pain is rated as 8-9/10 without treatment and 6-7/10 with treatment as described. Objective findings include stiffness and guarding in movements, gait is shuffling and antalgic, and forward flexion is limited to fingertips to above the knees. Diagnoses are documented as low back pain; degeneration cervical disc and osteoarthrosis of the knee (unspecified). Treatment plan includes requests for medications and a lifetime use of a TENS unit and supplies. According to utilization review dated January 13, 2015, the request for TENS Unit Ongoing and Lifetime need is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for TENS Unit Supplies Ongoing and Lifetime need is non-certified, citing Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit ongoing and lifetime need QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutanaeous electrical nerve stimulation), pages 114 - 116.

Decision rationale: The requested TENS unit and supplies, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note; Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The injured worker has chronic neck, low back and knee pain. The treating physician has documented stiffness and guarding in movements, gait is shuffling and antalgic, and forward flexion is limited to fingertips to above the knees. The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor from home use. The criteria noted above not having been met, TENS unit and supplies is not medically necessary.

TENS Unit supplies ongoing and lifetime need QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutanaeous electrical nerve stimulation), pages 114 - 116.

Decision rationale: The requested TENS unit and supplies, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note; Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The injured worker has chronic neck, low back and knee pain. The treating physician has documented stiffness and guarding in movements, gait is shuffling and antalgic, and forward flexion is limited to fingertips to above the knees. The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor from home use. The criteria noted above not having been met, TENS unit and supplies is not medically necessary.