

Case Number:	CM15-0026964		
Date Assigned:	02/19/2015	Date of Injury:	05/13/2013
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/12/2015

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: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39 year old female, who sustained a work/ industrial injury on 5/13/13 as a waitress when she tried to stop cases from falling. She has reported symptoms of left knee, foot, and hip pain rated 6/10. Prior medical history was negative. The diagnoses have included lumbar sprain/strain and left knee sprain/strain. Treatments to date included medications, physical therapy, acupuncture, modified activity, and extracorporeal shockwave therapy. Diagnostics included disc bulging with no central or foraminal stenosis at both L3-4 and L4-5. Medications included Anaprox and Omeprazole. Examination on 11/19/14 revealed diminished grip strength, tenderness of the lumbar musculature and sacroiliac joint, decreased lumbar range of motion, positive lumbar orthopedic testing, tenderness of musculature in the upper extremity, tenderness of the left knee joint line, and normal range of motion in the knee. A request was made by the providing physician for a Transcutaneous Electrical Nerve Stimulation (TENS) unit for pain management. On 1/12/15, Utilization Review non-certified a 5 month use of TENS (transcutaneous electrical nerve stimulation), noting the California Medical treatment Utilization Schedule (MTUS) Guidelines; Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 month use of TENS (transcutaneous electrical nerve stimulation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: With respect to chronic pain and according to the MTUS, TENS is 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, for conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. The MTUS states that although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain (including medications). In this case the patient has not been diagnosed with a condition where use of TENS has shown proven benefit, and a treatment plan outlining short and long term goals for TENS therapy has not been established per the provided records. Therefore at this time and based on the provided records, the request for TENS for five months cannot be considered medically necessary.