

Case Number:	CM15-0028121		
Date Assigned:	02/20/2015	Date of Injury:	06/13/2011
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/13/2015

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 (IW) is a 42 year old female who sustained an industrial injury on 06/13/2011. She has reported heel to toe pain lower back pain, and right knee pain. Diagnoses include low back pain, lumbar disc displacement, internal derangement of right knee, sprain of unspecified ligament of the right ankle, and nonorganic sleep disorder, unspecified. Treatment to date include extracorporeal shock wave therapy, oral and topical pain medications. A progress note from the treating provider dated 01/16/2015 indicates the IW is able to perform heel and toe walk but with pain in the low back. The worker is able to squat to approximately 7% of normal due to low back pain. There is tenderness at bilateral PSIS's and the spinal processes L3-L5 are tender to palpation with decreased range of motion and positive straight leg raise at 25 degrees on the right and positive at 45 degrees on the left in supine position. There is tenderness over medial and lateral joint line of the knee, slightly diminished sensation to pin prick and light touch at L4 and S1 dermatomes at the right lower extremity, Motor strength of the L2, L3, L4, and S1 myotomes secondary to pain. The treatment plan is to have a pain management specialist evaluation for an epidural steroid injection for the lumbar spine, have a consultation with an orthopedic surgeon regarding her right knee medial meniscus tear, have a PRP (platelet-rich plasma) treatment for the right knee and ankle to decrease pain (3 sets of treatment), continue with the course of shockwave therapy up to three treatments of the right ankle, and have Terocin patches for pain relief. On 01/29/2015 Utilization Review non-certified a request for Retrospective: Bifurcated lead wires 2 units/1 pair between August 28, 2013 and January 15, 2015; Retrospective: Durable Medical Equipment delivery and set up between August 28, 2013

and January 15, 2015; and Retrospective: Tens supplies, 4 units of electrodes and 9 volt battery between August 28, 2013 and January 15, 2015. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Tens supplies, 4 units of electrodes and 9 volt battery between August 28, 2013 and January 15, 2015: Upheld

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

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, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for several months, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated supplies are not medically necessary. The Tens supplies, 4 units of electrodes and 9 volt battery between August 28, 2013 and January 15, 2015 is not medically necessary and appropriate.

Retrospective: Bifurcated lead wires 2 units/1 pair between August 28, 2013 and January 15, 2015.: Upheld

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

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, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for several months, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated supplies are not medically necessary. The Retrospective: Bifurcated lead wires 2 units/1 pair between August 28, 2013 and January 15, 2015 is not medically necessary and appropriate.

Retrospective: Durable Medical Equipment delivery and set up between August 28, 2013 and January 15, 2015.: Upheld

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

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, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for several months, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated delivery service is not medically necessary. The Retrospective: Durable Medical Equipment delivery and set up between August 28, 2013 and January 15, 2015 is not medically necessary and appropriate.