

Case Number:	CM15-0029288		
Date Assigned:	02/23/2015	Date of Injury:	08/27/2014
Decision Date:	04/02/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/17/2015

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, Pain Management

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 28 year old male with an industrial injury dated 08/27/2014. His diagnoses include meniscus tear of the right knee, status post right knee surgery, thoracic strain/sprain, lumbar strain/sprain, scoliosis. Recent diagnostic testing has included x-ray of the thoracic spine (no date) showing mild scoliosis. Previous treatments have included conservative care, medications, chiropractic therapy, physical therapy, and right knee surgery (12/04/2014). In a progress note dated 01/20/2015, the treating physician reports right knee pain (improved with physical therapy), back pain, and sleep disturbances. The objective examination revealed normal gait, and no changes in the musculoskeletal exam. The treating physician is requesting TENS (Transcutaneous Electrical Nerve Stimulation) unit for home use (dispensed 01/07/2015) which was denied by the utilization review. The note states that a 15 minute TENS trial on the low back was "successful." On 01/22/2015, Utilization Review non-certified a request for TENS (Transcutaneous Electrical Nerve Stimulation) unit for home use (dispensed 01/07/2015), noting that there is limited evidence that the injured worker has received or sustained functional benefit from use of a TENS unit during a supervised trail period of this modality prior to dispensing the unit. The MTUS Guidelines were cited. On 02/17/2015, the injured worker submitted an application for IMR for review of TENS (Transcutaneous Electrical Nerve Stimulation) unit for home use (dispensed 01/07/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for home use: 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 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a 30-day TENS unit trial with analgesic efficacy and objective functional improvement. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.