MAXIMUS Federal Services

Case Number:	CM15-0220190		
Date Assigned:	11/13/2015	Date of Injury:	08/25/2015
Decision Date:	12/29/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	11/09/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 male who sustained an industrial injury on August 25, 2015. Medical records indicated that the injured worker was treated for upper and lower back pain, bilateral knee pain and bilateral ankle and foot pain. Medical diagnoses include sub-acute traumatic moderate repetitive thoracic and lumbar sprain strain rule out herniated disc, sub-acute traumatic moderate repetitive bilateral knee sprain strain rule out ligamentous injury. In the provider notes dated September 22, 2015 the injured worker complained of upper and lower back pain, bilateral knee pain, bilateral ankle and foot pain. He rates his pain 6 to 7 on the pain scale. On exam, the documentation stated moderate tenderness left greater right over the paralumbar musculature of the thoracic and lumbar spine. There was slight to moderate bilateral knee swelling with moderate tenderness. There was positive anterior and posterior Drawer's test of the right knee. The treatment plan included medications, TENS unit, wedge pillow, lumbar support and home lumbar kit. A Request for Authorization was submitted for 3 month use of TENS unit and home lumbar exercise kit. The Utilization Review dated October 10, 2015 modified the request for 3 month use of TENS unit to 1 month use of a TENS unit and non-certified the request for home lumbar exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit x3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. The submitted documentation indicated the worker was experiencing problems sleeping and pain in the upper and lower back, knees, and ankles. There was no discussion suggesting a one-month TENS trial had been done as part of a functional restoration program, detailing short- and long-term therapy goals, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for the rental of a transcutaneous electrical nerve stimulation (TENS) unit for three months is not medically necessary.

One Home lumbar exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: The MTUS Guidelines encourage the use of a home exercise program as part of a treatment program for chronic pain. The literature shows strong evidence that treatment programs that include aerobic conditioning and strengthening have superior outcomes compared with those that do not with both immediate and long-term benefits. Education, independence, and on-going exercise long-term should be emphasized. The submitted and reviewed records indicated the worker was experiencing problems sleeping and pain in the upper and lower back, knees, and ankles. There was no discussion detailing special circumstances that sufficiently supported the workers need for equipment as part of a home exercise program. In the absence of such evidence, the current request for a home therapy lumbar spine region exercise kit is not medically necessary.