

Case Number:	CM15-0036318		
Date Assigned:	03/04/2015	Date of Injury:	02/01/2010
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 54 year old male, who sustained an industrial injury on February 1, 2010. The injured worker had reported back, knee and shoulder pain. The diagnoses have included left shoulder impingement syndrome, lumbar spondylosis and status post left knee arthroscopy. Treatment to date has included medications, radiological studies, right knee arthroscopic surgery, a transcutaneous electrical nerve stimulation unit and a home exercise program. Current documentation dated January 12, 2015 notes that the injured worker reported worsening low back pain with radiation into the right lower extremity. Associated symptoms include numbness and tingling of the right lower extremity. The pain was limiting his activities of daily living. Physical examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles, spasms on the right and a decreased range of motion. Straight leg raise produced pain in the lumbar spine greater on the right. The treating physician recommended a one month rental of a transcutaneous electrical nerve stimulation unit. The medications listed are Norco and Soma. On February 13, 2015 Utilization Review non-certified a request for a one month rental of a transcutaneous electrical nerve stimulation unit with supplies. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Rental TENS Unit and supplies: Overturned

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 9792.24.2 Page(s): 113-11, 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Transcutaneous stimulation.

Decision rationale: The CA MTUS recommend that TENS unit can be utilized for the treatment of musculoskeletal pain. The utilization of TENS unit can result in reduction in pain, decrease in medications utilization and functional restoration. The records indicate subjective complaint of exacerbation of pain that did not respond to current maintenance medications treatment. The patient had already completed PT and home exercise program. The criteria for 1 month Rental of TENS unit with supplies were met.