

Case Number:	CM15-0056079		
Date Assigned:	04/01/2015	Date of Injury:	04/15/2005
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 was a 64 year old male, who sustained an industrial injury, April 15, 2005. The injured worker previously received the following treatments acupuncture, home exercise program, arthroscopic knee surgery, Nortriptyline and Ultra. The injured worker was diagnosed with chronic low back pain, status post left knee surgery times 2 with no complaints, status post right knee surgery time 1 with no complaints and status post bilateral feet surgery with no complaints. According to progress note of March 11, 2015, the injured workers chief complaint was low back pain. Pain had improved with acupuncture. The injured worker had days when injured worker felt great and others with increased pain. The physical exam noted dorsolumbar spine shows tenderness in the paraspinal muscles with negative straight leg raises. The treatment plan included a trial for a TENS (transcutaneous electrical nerve stimulator) unit on March 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of TENS unit x 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use exceeds the trial time frame of 1 month. The claimant had undergone other interventions that are known to provide greater benefit such as exercise, medications and surgery. The frequency of use and application details were not provided. The request for a 2 month TENS unit is not medically necessary.