

Case Number:	CM15-0058145		
Date Assigned:	04/02/2015	Date of Injury:	02/08/2013
Decision Date:	05/04/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/26/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 50 year old female, who sustained an industrial injury, February 8, 2015. The injured worker previously received the following treatments physical therapy, right knee MRI, Tramadol, Zolpidem, Zoloft, acupuncture, psychological treatments, home exercise program. The injured worker was diagnosed with cervical sprain, lumbar strain/sprain, and internal derangement of the knee and contusion of the right elbow. According to progress note of February 17, 2015, the injured workers chief complaint was pain and decreased quality of life due to the pain. The injured worker refuses to take pain medication. The physical exam noted spasms in the paraspinal muscles and tenderness with palpation. There was also decreased range of motion of the cervical spine. There was tenderness of the right elbow. The treatment plan included TENS (transcutaneous electrical nerve stimulator) four lead unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Tens unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit for home use is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical sprain; lumbar sprain/strain; internal derangement of knee; contusion elbow. A February 17, 2015 progress note does not contain evidence of a one month TENS trial or the location for application of the TENS unit. Additionally, there are no short and long-term goals in the medical record provided by the treating provider. Consequently, absent clinical documentation of a one-month trial, the region for TENS application and TENS short and long-term goals, TENS unit for home use is not medically necessary.