MAXIMUS Federal Services

Case Number:	CM14-0129249		
Date Assigned:	08/18/2014	Date of Injury:	04/18/2013
Decision Date:	10/22/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 4/18/2013. Mechanism of injury was described as due to repetitive trauma. Patient has a diagnosis of low back pain, lumbar sprain/strain, radiculitis, bilateral knee pain and bilateral knee internal derangement.Medical reports reviewed. Last report available until 5/20/14.Patient complains of low back pain radiating to knee with numbness and weakness. Also patient has bilateral knee complaints.Objective exam reveals normal back exam with some tenderness to paraspinal lumbar tenderness. Sensation is intact. Motor exam is normal.There is contradiction between AME exam by physical medicine physician who reports no neurological deficit and primary treating orthopedist who reports L4, L5 and S1 dermatomal decreased sensation. There is no mention of TENS-EMS on note from 12/31/14, 2/28/14, 3/13/14, 4/10/14, 4/11/14 and 5/20/14.Only note that mentions TENS-EMS use from a PT note dated 3/24/14 and there is no details about it except a brief notation.Electrodiagnostic report (2/28/14) reportedly revealed L3, L4 and L5 polyradiculopathy.MRI of lumbar spine (5/18/14) reveals multilevel dis bulges from L1-S1 causing neuroforaminal narrowing especially on L side. Facet arthropathy and Ligamentum Flavum hypertrophy. No change compared to prior study.Medications include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene and Ketoprofen. Patient has received steroid injections, physical therapy, chiropractic and acupuncture.Independent Medical Review is for TENS-EMS for 6months extended rental with supplies (Retro).Prior UR on 7/30/14 recommended non-certification. The request for service is dated 1/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS- EMS for 6 Months Extended Rental with Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Patient does not meet criteria to recommend TENS. There is no proper documentation of prior conservative treatment modalities for pain. There is no documented short and long term goal for the TENS. There is no documentation of objective pain measurement or how pain is being treated or how TENS has affected pain.There was no documented rationale for TENS request. There is no proper monitoring of the supposed long term use with not a single note since patient was supposedly using this device, monitoring efficacy or compliance. Pt does not meet TENS criteria for even a 1month trial much less prolonged 6month use or additional 6months of use.Patient does not meet any criteria of the guidelines to recommend TENS. Therefore, the request for retrospective TENS- EMS for 6 Months Extended Rental with Supplies is not medically necessary and appropriate.