

Case Number:	CM14-0142154		
Date Assigned:	09/10/2014	Date of Injury:	01/21/2010
Decision Date:	10/10/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 52-year-old female who reported an injury on 01/21/2010. The mechanism of injury was not provided. On 07/10/2012, the injured worker presented with bilateral knee pain and lumbar pain radiating to the bilateral buttock and thighs. Upon examination, there was guarding noted to the lumbar paravertebral muscles, and tenderness noted to the left sacroiliac region and left piriformis. There was a negative straight leg raise to the right, and a positive straight leg raise to the left. There were sensory deficits to the dorsum of the right foot. The diagnoses were chronic musculoligamentous sprain of the lumbosacral spine, left knee arthritis, right knee arthritis, and clinical left possible piriformis syndrome. Prior therapy included medications. The provider recommended a TENS unit, 1 month trial. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit one (1) month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENs Page(s): 116.

Decision rationale: The request for a TENS unit, 1 month trial, is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive, and the published trials did not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There is a lack of documentation indicating the injured worker had significant deficits upon physical exam. An updated physical exam was not provided. The efficacy of the injured worker's previous courses of conservative care was not provided. Additionally, there is no evidence of an adjunctive program of evidence based functional restoration to be used with the TENS unit. The provider does not indicate the body part at which the TENS unit was indicated for in the request as submitted. As such, medical necessity has not been established.