

Case Number:	CM14-0142748		
Date Assigned:	09/10/2014	Date of Injury:	12/12/2008
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 Family 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:

The patient is a 68-year-old male who has submitted a claim for reflex sympathetic dystrophy syndrome - lower limb associated with an industrial injury date of 12/28/2008. Medical records from 2014 were reviewed and showed that the patient complained of slightly increased right knee pain. Pain is 7 out of 10 without medications, and 5 out of 10 with medications. The patient states that the use of TENS does not provide significant relief. Physical examination revealed lumbar tenderness to palpation. There is decreased right lower extremity strength. Treatment to date has included medications, physical therapy, acupuncture, multiple knee injections and knee surgeries. Utilization review dated 08/26/2014 denied the request for 2-month extension of TENS unit with supplies, including TENS 4 Lead #1, purchase of batteries 9 Volt #1 and Electrodes #1 because there is no documentation of functional improvement from the 30-day trial authorized previously. Based on the available information at that time, the medical necessity for an extension has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Month Extension of TENS Unit With Supplies (7/17/2014 to 9/14/2014) Including TENS 4 Lead #1, purchase of Batteries 9 Volt #1 and Electrodes #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: As stated on pages 114-116 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-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. In this case, patient has undergone 30-day trial of the TENS unit, authorized on 05/14/2014. The patient has reported that there has been no significant improvement with the use of TENS, and cites the use of stationary bicycle to be more effective in providing relief. Given this information, there seems to be no need to extend the use of a TENS unit. Medical necessity has not been established. Therefore, the request for 2-month extension of TENS unit with supplies, including TENS 4 Lead #1, purchase of batteries 9 Volt #1 and Electrodes #1 is not medically necessary.