

Case Number:	CM14-0155067		
Date Assigned:	09/25/2014	Date of Injury:	03/29/2014
Decision Date:	11/13/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine Specialist and Psychiatrist 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 64-year-old male who was reportedly injured on 03/29/2014. The mechanism of injury is listed as a motor vehicle accident while working as a truck driver. Diagnoses include cervical spine injury, knee contusion, leg fracture, pelvis fracture, subdural hematoma and tibia-fibula fracture. Last progress note dated 07/09/2014 indicated the injured worker complaining of cervical and lumbar pain with loss of range of motion and spasms. There was pain in the left knee with numbness, spasm and weakness. The injured worker also reported left ankle pain with loss of range of motion and spasm. On examination of the cervical and lumbar spine revealed tenderness and pain. Limited range of motion with pain in left knee. Six physical therapy sessions completed. A request was made for One month home-based trial of neurostimulator transcutaneous electrical nerve stimulation TENS-EMS and was not certified on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home-based trial of neurostimulator TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

Decision rationale: Per ODG guidelines, TENS is not recommended as an isolated intervention, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. It is not generally recommended in chronic back pain as there is strong evidence that TENS is not more effective than placebo or sham. There is no conclusive evidence that TENS reduces knee pain or physical disability from osteoarthritis, even with years of clinical use. Long term benefit with use of this device has not been proven. In this case, there is no documentation of any adjunct therapy or reduction in pain medications. Therefore the request for TENS, is considered not medically necessary in accordance to guidelines and based on the available clinical information.