

Case Number:	CM14-0160618		
Date Assigned:	10/06/2014	Date of Injury:	04/26/2012
Decision Date:	11/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/30/2014

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 Ohio. 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 51 year old male with a reported date of injury of 4-26-2014. The reviewed records are limited to a summary by the previous utilization review physician and a limited number of administrative documents. The record reflects the injured worker has low back, neck, and bilateral knee pain. The exam has shown effusions and tenderness of both knees and a positive straight leg raise sign on the left. The listed diagnoses are thoracic or lumbosacral radiculitis, sciatica, lesion of the ulnar nerve, tarsal tunnel syndrome, and a torn left sided medial meniscus. No treatment notes are available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 month supplies bilateral knees, cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Back Sections, TENS unit

Decision rationale: Because a one month trial of a Prime Dual Neurostimulator (TENS/EMS Unit) was found to be medically unnecessary because of the lack of supporting documentation, 2

month supplies for the same unit for the bilateral knees, cervical and lumbar regions are also not medically necessary.

One-Month Home trial of Prime Dual Neurostimulator (TENS/EMS Unit): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Low Back Sections, TENS unit

Decision rationale: TENS units are recommended as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain. The addition of TENS plus exercise appears to produce improved function (greater cumulative knee extensor torque, stride length, gait velocity and range of motion) over those treated with exercise only, although the difference has not been found to be significant. 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. In this instance, there is no submitted evidence a therapeutic exercise program for osteoarthritis for the knee or conservative measures having been tried for the back. Based on the available documentation, a one-month home trial of Prime Dual Neurostimulator (TENS/EMS Unit) is not medically necessary.