

Case Number:	CM14-0182334		
Date Assigned:	11/07/2014	Date of Injury:	04/18/2013
Decision Date:	12/15/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational 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:

According to the provided documents, this is a 49-year-old woman who was injured on 4/18/13. This review will address disputed retrospective treatment for TENS (transcutaneous electrical nerve stimulation) unit with a 30 day trial and LSO (lumbar sacral orthotic) addressed in the utilization review determination from 10/23/14. Records indicate that the injured body parts are the knees but the mechanism of injury is not mentioned. There is also compensatory low back pain. The patient had right knee surgery in December 2013. The 10/1/14 primary treating physician's report indicates that the patient is complaining of low back pain increasing, 5/10 scale. The patient was reportedly asking about an LSO to provide stability. The report also notes that the patient also reportedly inquired about a TENS unit stating that this was helpful previously in physical therapy. The report also states that the patient reports "heightened function with medication and current dosing." ADLs are reportedly maintained with the medication and there is mention of use of hydrocodone, a nonsteroidal anti-inflammatory medication and a muscle relaxant. The examination states that there is tenderness in the bilateral knees and lumbar spine. Range of motion of the lumbar spine is limited. There is spasm. Diagnoses are right knee arthroscopy on 12/2/13 and rule out meniscal pathology/internal derangement of the right knee. There is no mention of any x-rays of the lower back that are showing any instability. The report requests, in addition to the current request, physical therapy for the lumbar spine 3 times a week for 4 weeks. The patient is temporarily totally disabled and there is no mention of participation in any independent home rehabilitation activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 10/1/14) TENS Unir, 30 day's trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Transcutaneous electrotherapy Page(s): 113-117.

Decision rationale: California MTUS chronic pain guidelines state that criteria for use of TENS is that there is evidence that other appropriate pain modalities have been tried and failed. This includes medication. The report requesting this is quite specific that the patient's pain medications are adequately controlling her pain. Additional guideline criteria is that there should be a treatment plan with specific short and long-term goals of treatment with the TENS unit which is also not present. Therefore, based upon the evidence the guidelines there is no medical necessity for the 30 day trial of TENS unit.

Retrospective LOS (DOS 10/1/104): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar Support

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301 and 308-309.

Decision rationale: The patient has low back pain for what is considered to be secondary to compensation for the knee pain. There has not been any recent surgery to the back and there is no mention of any concern for fracture, listhesis or instability. There is no mention of how long the back pain has been bothersome. ACOEM guidelines do not support use of lumbar corset or braces for treatment of back pain. The submitted documentation fails to support the medical necessity for this device. Therefore based upon the evidence and guidelines, this is not considered to be medically necessary.