

Case Number:	CM14-0091812		
Date Assigned:	07/25/2014	Date of Injury:	11/11/2003
Decision Date:	10/08/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/17/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 63 year old employee with date of injury of 11/11/2003. Medical records indicate the patient is undergoing treatment for lumbar radiculopathy, degenerative disc disease, cervical spine disc herniation, status-post bilateral eye surgery (7/25/2014). He is status-post right shoulder surgery (2 times, 2009) and right elbow lateral epicondylitis. He is status-post right knee surgery (2006). He has right knee DJD and right knee meniscus tear. Subjective complaints include pain in the right shoulder and right knee with no improvement to date. He complains of neck and upper back pain radiating, aching, numbness and tingling down to the fingers. His low back pain is rated at an 8/10. Pain increases with standing and walking. The patient has failed PT and chiropractic therapy for the right shoulder. His shoulder pain is described as "aching" and when taking medications; his pain is reduced to a 3-4/10. CSI injections have decreased his right knee pain to a 3-4/10 on the pain scale, but the effects of the CSI only lasted 2 months. The pain has returned to his knee. He describes the knee pain as "burning" with a 9/10 on the pain scale. His pain is exacerbated with walking and other weight bearing activities. Corticosteroid injections (CSI) to his right knee gave only temporary relief. Objective findings include slightly antalgic gait, tenderness of cervical, thoracic, and lumbar spine right greater than left, range of motion of the cervical, lumbar, and thoracic spine are decreased in all planes, decreased sensation to the right C5,C6,C7, and C8 dermatomes, and positive straight leg raise on the right. He has a right positive slump test. Treatment has consisted of multiple CSI, right knee (last one on 4/16/2014); single point cane for ambulation, physical therapy, home exercise and chiropractic therapy; Zofran, Vicodin, Omeprazole, Ondansetron, Pamelor and Tramadol. The utilization review determination was rendered on 6/13/2014 recommending non-certification of 1 TENS (Transcutaneous Electrical Nerve Stimulation) Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS (Transcutaneous Electrical Nerve Stimulation) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation). Decision based on Non-MTUS Citation Carroll-Cochrane, 2001; Chong, 2003; Niv, 2005

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy, Page(s): 54, 114-116, 118-12.

Decision rationale: ACOEM guidelines state, "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states, "Not recommended as an isolated intervention" and details the criteria for selection: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The treating physician's progress notes do not indicate that the patient has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures. In addition, the treating physician did not provide a detailed treatment plan. As such, current request for 1 TENS (Transcutaneous Electrical Nerve Stimulation) Unit is not medically necessary.