

Case Number:	CM14-0141259		
Date Assigned:	09/10/2014	Date of Injury:	02/18/2010
Decision Date:	02/25/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 worker is a 47 year old male who was injured on 2/18/2010, striking his left knee on the edge of a metal cart. He was diagnosed with severe tricompartmental degenerative changes of the left knee, right knee sprain, lumbar sprain, and lower extremity radicular pain/paresthesia. He was treated with medications and physical therapy. He was considered totally disabled for a few months, then partially disabled afterwards. On 7/15/14, the worker was seen by his primary treating physician reporting low back pain with radiation to his legs, rated on average 5/10 on the pain scale, left knee pain with clicking and popping and episodes of swelling rated 3-4/10 on the pain scale on average, abdominal discomfort due to his medication use, and insomnia due to his pain. Physical examination revealed positive straight leg raise, positive McMurray's Tens and joint line tenderness for both left and right knees, and decreased sensation over L5 and S1 dermatomes. X-rays of the knees revealed severe tricompartmental degenerative changes in the left knee and mild changes in the right knee. He was then recommended aquatic therapy, internal medicine evaluation, psychiatric evaluation, MRI of the lumbar spine, MRI of the right knee, home health and transportation assistance, Prilosec, Tylenol #3, a hinged knee brace, SolarCare FIR heating system, and an X-Force Stimulator device for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS for joint stimulation with built-in TENS feature (for purchase): Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, include: "1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit." In the case of this worker, there was no documented evidence of having tried/rented a TENS unit before he was recommended the X-Force Stimulator, which has a TENS capability built in. Without evidence of a 30 day trial showing documented functional and pain-reducing benefits, the request for a purchase of the TENS device is not medically necessary.

X-Force stimulator unit plus with conductive garment times 3 months of supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, include: "1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit." In the case of this worker, there was no documented evidence of having tried/rented a TENS unit before he was recommended the X-Force Stimulator, which has a TENS capability built in. Without evidence of a 30 day trial showing documented functional and pain-reducing benefits, the request for a purchase of the X-Force Stimulator is not medically necessary.

