

Case Number:	CM14-0214678		
Date Assigned:	01/07/2015	Date of Injury:	09/19/2012
Decision Date:	02/23/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 9/19/2012. Mechanism of injury is documented as cumulative trauma. Patient has a diagnosis of cervical sprain/strain, Lumbar sprain/strain, L wrist sprain/strain and bilateral knee sprain/strain. Patient is post lumbar fusion back surgery on 10/18/12. Medical reports reviewed. Last report available until 11/12/14. Patient complains of neck pain radiating to bilateral upper extremities R worst than L; low back pain radiating to bilateral lower extremities, L wrist pain and bilateral knee pains. Pain is rated as "moderate". Objective exam reveals cervical exam with neck spasms and diffuse tenderness with mildly decreased range of motion (ROM). Lumbar exam reveals diffuse pain and spasms. ROM is decreased. Kemp's with pain bilaterally. There is no documentation or justification noted for TENS or cane. No imaging reports were provided for review. Current medications listed are Norco, Naproxen, Neurontin, prilosec, topical ointment and medications for other medical problems. Independent Medical Review is for TENS unit (1 month trial), TENS unit electrodes, batteries for TENS unit, Lead wires for TENS unit and cane. Prior Utilization Review on 11/24/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit; one month trial: 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 Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS(Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome(CRPS) pain. Patient has a diagnosis of radicular pain. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. Patient fails multiple criteria for TENS trial. TENS trial is not medically necessary.

TENS unit electrodes: 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 Page(s): 114-117.

Decision rationale: TENS trial is not recommended therefore TENS electrodes are not recommended.

Batteries for TENS unit: 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 Page(s): 114-117.

Decision rationale: TENS is not recommended therefore batteries for TENS are not recommended.

Lead wires for TENS unit: 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 Page(s): 114-117.

Decision rationale: TENS trial is not medically necessary therefore lead wires are not necessary.

Cane: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and leg

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines canes may be recommended in knee and back pains mostly in osteoarthritic pains. The use of a cane may shift the center of gravity and exacerbate the contralateral side of the body. Patient has bilateral lower extremity and upper extremity pains. Use of a cane may not be the ideal walking aid for this patient since it may not adequately provide support and may exacerbate the other side of the body. Cane is not medically necessary.