MAXIMUS Federal Services

Case Number:	CM14-0215380		
Date Assigned:	01/02/2015	Date of Injury:	08/13/2003
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
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: Physical Medicine & Rehabilitation

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 patient is a 53 year old male with an injury date of 08/13/03. Based on the 12/03/14 progress report provided by treating physician, the patient complains of pain in the lower back radiating to left lower extremities. Patient is status post hip surgery, date unknown and 2 knee surgeries, dates unknown. Physical examination revealed tenderness to left middle back, left low back, left buttocks and left S1 joint. Range of motion was decreased, especially on extension 10 degrees. Patient's current medications include Norco, Ibuprofen, Soma, Omeprazole and Menthoderm gel. Pain is rated at 6-7/10 with medications. Per treater's report dated 12/03/14, the patient remains off work.MRI of the left knee 05/13/14 shows postoperative changes of previous ACL reconstruction and re-tear of the anterior cruciate ligament, advanced degenerative osteoarthritic changes in medial joint compartment and the medial meniscus is very diminutive.Diagnosis (12/03/14), Sprain/strain of cruciate ligament of knee- Lumbar Sprain/Strain- Meniscus Tear (Right Knee), Bursitis, trochantericThe utilization review determination being challenged is dated 12/10/14. The rationale follows: "no documentation of the medical necessity... frequency of us... any specific benefit/objective functional improvement"Treatment reports were provided from 05/08/14 to 12/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches (2), provided December 3, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 –
116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 116.

Decision rationale: The patient presents with pain in the lower back radiating to left lower extremities. The request is for Tens Patches (2) provided December 3, 2014. Patient's current medications include Norco, Ibuprofen, Soma, Omeprazole and Menthoderm gel. Pain is rated at 6-7/10 with medications. Patient is unemployed. According to MTUS Chronic Pain Management Guidelines the criteria for the use of TENS in chronic intractable pain: (p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Per progress report dated 12/03/14, treater states "TENS unit helpful for pain control. Pain decreases to 4/10 with these tx and increases to 10/10 without, improves ADL (e.g. can move around more) and functionality. Guidelines require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, the treater has not indicated how the unit is being used, how often and with what effectiveness in terms of not only pain relief but of functional improvement. Furthermore, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others; but not for mechanical low back or neck pain. Therefore, the request is not medically necessary.