

Case Number:	CM14-0217128		
Date Assigned:	01/07/2015	Date of Injury:	10/07/2003
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker (IW) is a 45-year-old woman with a date of injury of October 7, 2003. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar radiculopathy; bilateral hip pain; bilateral knee pain; vitamin D deficiency; chronic pain, other; status post lumbar spine removal of hardware; status post right total knee replacement; status post left knee surgery in February of 2013. The most recent and sole progress note by pain management in the medical record is dated June 16, 2014. According to the documentation, the IW presents with complains of low back pain, upper extremity pain in the right hand, and lower extremity pain in the right knee and bilateral hips. The pain is rated 7/10 with medications, and 10/10 without medications. Examination of the lumbar spine reveals tenderness to palpation to the spinal vertebra at L4-S1. Upper extremities showed no gross abnormalities. The current request is for a TENS unit for home use. There is no documentation regarding a prior TENS trial. There is no documentation in the medical record regarding prior physical therapy. There are no physical therapy notes in the medical record. The IW is taking multiple medications for pain including Celebrex, Tizanidine, MS Contin, Morphine Sulfate, and Amitriptyline. The current request is for TENS unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS Unit for Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Pain Section, TENS Unit

Decision rationale: Pursuant to the ACOEM, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, home TENS unit to the lumbar spine is not medically necessary. The ACOEM states: "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as attraction, keep cold applications, massage, diathermy, transcutaneous electrical stimulation units... These palliative tools may be used on a trial basis but should be monitored closely. The Chronic Pain Medical Treatment Guidelines state "it is not recommended as a primary treatment modality the guidelines enumerate the criteria for the use of TENS. They include, but are not limited to, a one-month trial should be documented as an adjunct to ongoing 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, rental is preferred over purchase; other ongoing treatment should be documented including medication usage; specific short and long-term goals of treatment should be submitted; etc. in this case, the injured worker's working diagnoses are lumbar radiculopathy; bilateral hip pain; bilateral knee pain; vitamin D deficiency; chronic pain; status post lumbar spine removal of hardware; status post right total knee replacement; status post left me surgery February 2013. The current request is for a TENS unit for home use. There is no documentation regarding a prior TENS trial. There is no documentation in the medical record regarding prior physical therapy. There are no physical therapy notes in the medical record. The IW is taking multiple medications (with no adjustments secondary to TENS unit use) for pain including Celebrex, Tizanidine, MS Contin, Morphine Sulfate, and Amitriptyline. TENS to the lumbar spine is not recommended as a primary treatment modality. The injured worker did not meet the criteria TENS use. Consequently, absent clinical documentation to support TENS use meeting the criteria enumerated in the Official Disability Guidelines, home TENS unit to the lumbar is not medically necessary.