MAXIMUS Federal Services

Case Number:	CM15-0003176		
Date Assigned:	01/14/2015	Date of Injury:	03/29/2013
Decision Date:	03/13/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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 injured worker is a 45 year old male, who sustained an industrial injury on 3/29/2013. The current diagnoses are knee pain, lower back pain, and degeneration disc disease of the lumbar spine. Currently, the injured worker complains of pain in the low back and right knee, 7/10 on a subjective pain scale. He reports medications help to control his pain about 30% and maintains his functionality. Treatment to date has included medications, TENS, acupuncture, and physical therapy. The treating physician is requesting retrospective TENS patch #2 (DOS 12/2/14), which is now under review. On 12/29/2014, Utilization Review had non-certified a request for retrospective TENS patch #2 (DOS 12/2/14). The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS patch pairs x 2, DOS: 12/2/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: According to the 12/02/2014 report, this patient presents with pain in the low back and right knee. The current request is for Retrospective TENS patch pairs x2, DOS: 12/02/2014. The request for authorization is on 12/02/2012 with the request for TENS patch x4 pairs. The patient's work status is to return to modified work on 12/02/2014 with restrictions. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option and may be appropriate for neuropathic pain." In reviewing the provided reports show that the patient does present with neuropathic pain, but the treating physician does not discuss how TENS unit is used and with what efficacy. MTUS guidelines require that the treater provide documentation of pain and functional benefit with use of these treatments. Given the lack of any discussion regarding how TENS unit has been beneficial; the request IS NOT medically necessary.