MAXIMUS Federal Services

Case Number:	CM15-0107867		
Date Assigned:	06/15/2015	Date of Injury:	10/12/2012
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/03/2015

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: Georgia
Certification(s)/Specialty: Anesthesiology, Pain Management

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 59-year-old male, with a reported date of injury of 10/12/2012. The diagnoses include lumbar disc displacement without myelopathy, low back pain, neck pain, cervical spondylosis without myelopathy, and pain in knee joint. Treatments to date have included oral medications, an MRI of the right knee on 07/23/2010, TENS (transcutaneous electrical nerve stimulation) unit, injection to the knee, left knee arthroscopy on 04/19/2013, ice, and an x-ray of the left knee on 04/16/2015. The visit note dated 04/28/2015 indicates that the injured worker missed a few days of work due to increase in his left knee pain. The injured worker worked full-time without restrictions. He rated his pain 6 out of 10. He also complained of moderate low back pain, which was rated 8 out of 10. An examination of the neck showed loss of normal cervical lordosis, restricted range of motion, and tenderness and spasm of the bilateral paravertebral muscles. An examination of the lumbar spine showed loss of normal lordosis with straightening of the lumbar spine, restricted range of motion, spasm, tight muscle band, and tenderness of the bilateral paravertebral muscles, and negative straight leg raise test. There were no objective findings regarding the left knee. The treating physician requested ongoing use of a TENS unit with pads and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing use of TENS unit with pads and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS); Transcutaneous electrotherapy, of TENS, chronic pain (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Durable Medical Equipment Page(s): 114.

Decision rationale: Ongoing use of Tens Unit with pads and supplies is not medically necessary. Page114 of MTUS states that a one month home-based TENs trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. Additionally, the patient reported only mild relief with use of the TENs unit. Per CA MTUS, TENS unit is not medically necessary as solo therapy.