MAXIMUS Federal Services

Case Number:	CM15-0013973		
Date Assigned:	02/02/2015	Date of Injury:	08/06/2008
Decision Date:	03/20/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/23/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 female, who sustained an industrial injury on 08/06/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include chondromalacia of the right patella Grade III, osteoarthritis of the right knee with a Grade II to the medial compartment, chronic sprain of the right knee, partial anterior cruciate ligament tear, chronic pain syndrome, depression, low back pain, left shoulder pain, and osteoarthritis of the left shoulder. Treatment to date has included use of a transcutaneous electrical nerve stimulation unit, medication regimen, home exercise program, physical therapy, cortisone injection to the left shoulder, use of a knee brace, cervical six to seven epidural steroid injection, and magnetic resonance imaging of the left shoulder. In a progress note dated 12/15/2014 the treating provider reports aching to the right knee, burning to the left shoulder, and aching, stabbing and tingling in the low back, with associated symptoms of numbness to the wrists. The injured worker rates the pain a nine out of ten without medication regimen and a five to six out of ten with medication. The treating physician requested the purchase of a transcutaneous electrical nerve stimulation unit with supplies noting that the injured worker uses the transcutaneous electrical nerve stimulation unit daily to the low back with relief of pain noted from the use of the transcutaneous electrical nerve stimulation unit. On 01/13/2015 Utilization Review non-certified the requested treatment of retrospective review of purchase of transcutaneous electrical nerve stimulation and six months of supplies, noting the

California Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, page 116.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit and 6 months of electrodes, alcohol prep pads and batteries: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116 and 118-1. Decision based on Non-MTUS Citation Pain, TENS chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: MTUS states regarding TENs unit, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limp pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: Low back: Not recommended as as an isolated intervention. Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program. Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. Ankle and foot: Not recommended. Elbow: Not recommended. Forearm, Wrist and Hand: Not recommended. Shoulder: Recommended for post-stroke rehabilitation. Medical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis.ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above):(1) Documentation of pain of at least three months duration.(2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed.(3) A one-month trial period of the TENS unit 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 would be preferred over purchase during this trial.(4) Other ongoing pain treatment should also be documented during the trial period including medication usage.(5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted.(6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental.(7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended.(8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy the above guidelines. Specifically, there are no outlined short-term goals with the TENS unit and the unit use should be for acute (less

than three months) pain. The patient is currently using a TENS unit and has not documented functional improvement or pain relief. As such, the request for TENS Unit and 6 months of electrodes, alcohol prep pads and batteries is not medically necessary.