

Case Number:	CM15-0014322		
Date Assigned:	02/02/2015	Date of Injury:	02/26/2011
Decision Date:	03/18/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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: Emergency 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 is a 33 year old female who sustained an industrial injury on 2/26/11. The injured worker reported symptoms in the right knee. The diagnoses included low back pain, spasm of muscle, and knee pain (right). Treatments to date include oral anti-inflammatory medications, oral pain medication, steroid injections, right knee surgery in June 2013, physical therapy, activity modifications, heat/ice applications, and bracing. In a progress note dated 10/9/14 the treating provider reports "pain in neck, mid-back, lower back, bilateral hips, and bilateral knees" with radiation to the lower extremities as well as headaches. On 1/13/15 Utilization Review non-certified the request for transcutaneous electrical nerve stimulation unit trial. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit trial.

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

Decision rationale: The requested TENS unit trial, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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." The injured worker has pain in neck, mid-back, lower back, bilateral hips, and bilateral knees" with radiation to the lower extremities as well as headaches. The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist. The criteria noted above not having been met, TENS unit trial is not medically necessary.