

Case Number:	CM15-0015031		
Date Assigned:	02/03/2015	Date of Injury:	09/21/2012
Decision Date:	03/23/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/27/2015

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, 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 is a 49 year old female with an industrial injury dated September 21, 2012. The injured worker diagnoses include disc displacement without myelopathy, lumbago, sciatica, inflammation of S1 joint, subluxation of S1 joint, and knee sprain/strain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, chiropractic therapy, H-wave therapy and periodic follow up visits. According to the progress note dated 11/20/2014, the injured worker reported frequent mild low back pain, mild left hip pain with stiffness and moderate right knee pain. Objective findings revealed increased range of motion with pain in dorso-lumbar motion studies and tenderness to palpitation in left hip. The treating physician noted that the injured worker was responding well to chiropractic therapy and h-wave therapy. The treating physician prescribed services for purchase of home transcutaneous electrical nerve stimulation (TENS) unit device. Utilization Review determination on January 19, 2015 denied the request for purchase of home TENS unit device, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Home TENS Unit device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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 Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, purchase home TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details subjective In this case, the injured worker's working diagnoses are disk displacement without myelopathy; lumbago; sciatica; inflammation of SI joint; subluxation of SI joint; and knee sprain/strain. Subjectively, the injured worker complains a frequent mild low back pain, mild left hip pain with stiffness, and moderate right knee pain area objectively, there is increased range of motion with pain. The injured worker responds well to chiropractic and H wave therapy. The injured worker is also receiving aquatic therapy. There is no documentation of a TENS trial. There is no documentation with specific short and long-term goals regarding TENS use. Additionally, the area to be treated was not documented in the record. Consequently, absent clinical documentation with a one month TENS trial and specific short and long-term goals with the TENS Unit, purchase home TENS unit is not medically necessary.