

Case Number:	CM15-0129889		
Date Assigned:	07/16/2015	Date of Injury:	02/21/2011
Decision Date:	08/12/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/06/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old male, who sustained an industrial injury on 2/21/2011. Diagnoses include cervical sprain with possible myelopathy and lower extremity weakness, thoracolumbar sprain with multilevel facet arthropathy, disc extrusions and sprains, lumbosacral sprain with probable lower extremity radiculopathy/neuropathy, left knee sprain internal derangement with instability and falling, right shoulder sprain with probable internal derangement rotator cuff tear versus labral tear and chronic pain with severe depression. Treatment to date has included conservative measures including diagnostics, medications, injections, massage, and physical therapy. Per the Primary Treating Physician's Progress Report dated 6/01/2015, with pain in the thoracic, lumbar and upper back/neck as well as knee pain with standing and walking with instability. Physical examination revealed tenderness of the mid back spine paravertebral muscles, lumbosacral region, and cervical paravertebrals. Neck rotation was 70 degrees on both sides with pain on the right. He guards flexing forward and touching his distal thigh and bends his knees to stand back up. Extension of 5 degrees increases mid and low back pain. Left knee was guarded and 10 degrees short of full extension. There was tenderness and swelling about the patella and femoral joint as well as the joint lines. He had a gauze wrap over it. There was pain with flexion and extension. The plan of care included continuation of prescription medications and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Authorization was requested for one TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one-month trial of TENS. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit is not medically necessary.