MAXIMUS Federal Services

Case Number:	CM15-0176869		
Date Assigned:	09/17/2015	Date of Injury:	02/14/2014
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 46-year-old female, with a reported date of injury of 02-14-2014. The diagnoses include tension headache, low back pain, lumbar muscle spasm, lumbar sprain and strain, left knee pain, left knee sprain and strain, left ankle pain, and left ankle tenosynovitis. Treatments and evaluation to date have included Ibuprofen, and TENS (transcutaneous electrical nerve stimulation) unit. The diagnostic studies to date have not been included in the medical records. The follow-up report dated 07-16-2015 indicates that the injured worker had left lateral side and left gluteus pain, rated 8 out of 10; left lateral knee pain, rated 8 out of 10; and left medial ankle pain, rated 7 out of 10. The physical examination showed pain with palpation of the left L1-S1 area with flexion at 50 degrees, lumber extension at 15 degrees, lumbar rotation at 25 degrees, and lumbar lateral bending at 20 degrees; use of a left knee brace; and a normal gait. The treatment plan included electrodes for the TENS unit. The injured worker's work status was referred to the primary treating physician. The request for authorization was dated 07-16-2015. The treating physician requested TENS unit electrodes. On 08-26-2015, Utilization Review (UR) non-certified the request for TENS unit electrodes.

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 electrodes, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) unit electrodes, #1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation is not clear that the TENS unit has increased this patient's function or decreased the patient's pain significantly. The documentation indicates that the patient is using the TENS unit three times daily, yet the documentation does not reveal objective increase in function and there continues to be high levels of pain. The request for TENS Unit electrodes is not medically necessary.