

Case Number:	CM15-0068029		
Date Assigned:	04/15/2015	Date of Injury:	03/18/2013
Decision Date:	05/14/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/09/2015

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: Internal Medicine, Rheumatology

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 44 year old female, who sustained an industrial injury on March 18, 2013. She reported low back pain and knee pain. The injured worker was diagnosed as having internal derangement of the right knee, lumbar spondylosis and status post multiple lumbar surgeries. Treatment to date has included radiographic imaging, diagnostic studies, multiple surgical interventions of the back, physical therapy, medications and work restrictions. Currently, the injured worker complains of low back pain and right knee pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 5, 2015, revealed continued pain in the low back and right knee. A TENS unit was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of GSMHD combo TENS with [REDACTED]: 4 lead and monthly supplies 8 Paris Electrodes per month and 6 AAA Batteries per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: This 44 year old female has complained of low back pain and knee pain since date of injury 3/18/13. She has been treated with surgery, physical therapy and medications. The current request is for a purchase of GSMHD combo TENS with Han Programs: 4 lead and monthly supplies 8 Paris Electrodes per month and 6 AAA Batteries per month.). Per the MTUS guidelines cited above, TENS unit is 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 function restoration for the following conditions: neuropathic pain to include diabetic neuropathy and post-herpetic neuralgia, chronic regional pain syndrome I and II, phantom limb pain, spasticity in spinal cord injury and multiple sclerosis. The available medical records do not include documentation of a 1 month trial of a TENS unit nor is there documentation of an intended implementation of a functional restoration program to be utilized in conjunction with a trial of TENS unit rental. On the basis of the available medical documentation and per the MTUS guidelines cited above, purchase of GSMHD combo TENS with [REDACTED]: 4 lead and monthly supplies 8 Paris Electrodes per month and 6 AAA Batteries per month is not medically necessary.