

Case Number:	CM15-0072229		
Date Assigned:	04/22/2015	Date of Injury:	01/31/2014
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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 49 year old male who sustained an industrial injury on 1/31/2014. His diagnoses, and/or impressions, included right knee sprain; internal derangement of the right knee; and lumbar radiculopathy. No current magnetic resonance imaging studies are noted. The history notes that he has been treated privately since the date of injury and that his treatments included partial right knee replacement on 2/10/2014; 2 epidurals for back pain, temporary relief; 1 facet joint injection, ineffective; 12 sessions of physical therapy for the back; orthopedic specialist consultation (3/20/15); modified work duties; and medication management. Progress notes of 3/20/2015 reported constant, radiating lower back pain, with stiffness, improved with opioid analgesics, physical therapy and electrical stimulation. The physician's requests for treatments were noted to include a trans-cutaneous electrical stimulation unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical stimulation unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114, 121.

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

Decision rationale: This 49 year old male has complained of right knee and low back pain since date of injury. He has been treated with epidural steroid injection, knee surgery, facet injections, physical therapy and medications. The current request is for electrical stimulation unit for home use. Per the MTUS guideline cited above, a 1 month trial of TENS unit therapy should be documented including documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function with use of the TENS unit. The available medical records included for review do not include this documentation. Based on the cited MTUS guideline and the lack of documentation, a TENS unit is not indicated as medically necessary.

Specialist referral pain specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice Guidelines, 2nd edition, Chapter 7, Independent medical examinations and consultations Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: This 49 year old male has complained of right knee and low back pain since date of injury. He has been treated with epidural steroid injection, knee surgery, facet injections, physical therapy and medications. The current request is for a specialist referral pain specialist. The current request is for a pain management consultation. There is no documentation in the available provider notes stating the reasoning behind the request for pain management consultation at this point in time. Based on this lack of documentation, a pain management consultation is not indicated as medically necessary.