MAXIMUS Federal Services

Case Number:	CM15-0076637		
Date Assigned:	04/28/2015	Date of Injury:	10/21/2014
Decision Date:	06/29/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 74-year-old female, who sustained an industrial injury on 10/24/2014. She reported injury while descending stairs. The injured worker was diagnosed as having cervical radiculitis, cervical sprain/strain, thoracic sprain/strain, lumbar radiculitis, lumbar sprain/strain, left knee lateral and medial meniscus tear, left knee sprain/strain, anxiety and depression. Treatment to date has included chiropractic care, physical therapy and medication management. In a progress note dated 12/31/2014, the injured worker complains of bilateral knee pain, neck pain that radiates to the hands and mid and low back pain that radiates down to the legs and feet with numbness and tingling. The treating physician is requesting a TENS (transcutaneous electrical nerve stimulation) unit and a multi-stimulation 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 transcutaneous electrotherapy, transcutaneous electrical nerve stimulation (TENS) Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

Decision rationale: CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried(including medication) and failed, 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case the medical record does not document a prior trial of TENS, any response to treatment or any short or long term goals of treatment. TENS unit is not medically necessary.

Multi Stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy, transcutaneous electrical nerve stimulation (TENS) Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 121.

Decision rationale: CA MTUS does not recommend use of a neuromuscular electrical stimulation device for chronic pain. Such devices may be part a rehabilitation program after stroke but there are no studies indicating any efficacy in managing chronic pain. In this case, the medical records provide no documentation that there is any functional improvement from the use of this device. Given that the CA MTUS does not recommend its use and there is no evident improvement in the claimant's pain when such a device was used, the request for purchase of muscle stimulator is not medically necessary.