

Case Number:	CM15-0096549		
Date Assigned:	05/26/2015	Date of Injury:	05/29/2013
Decision Date:	07/01/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/19/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old female with an industrial injury dated 5/29/2013. The injured worker's diagnoses include left hip dysfunction, left hip pain, left hip sprain/strain, left knee sprain/strain left ankle deltoid sprain/strain and left ankle pain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/13/2015, the injured worker reported left hip pain rated a 7/10, left knee pain rated a 4/10, left ankle pain rated a 6/10, depression, anxiety and irritability. Objective findings revealed decreased and painful range of motion with tenderness to palpitation of the left hip, left ankle and left knee. Documentation also noted muscle spasm of the left anterior hip, left anterior knee and distal leg. The treating physician treatment plan consisted of medication management, psychological evaluation and equipment rental. The treating physician prescribed services for transcutaneous electrical nerve stimulation (TENS) Unit now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

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

Decision rationale: With respect to chronic pain and according to the MTUS, TENS 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 functional restoration, for conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. The MTUS states that although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain (including medications). In this case, Utilization Review appropriately modified the request to allow for a 30 day rental (trial) of TENS prior to consideration of purchase. If the trial results in objective evidence of functional improvement and the guidelines are met, further treatment may be considered. Therefore, at this time, the initial request is not medically necessary as a trial is warranted prior to purchase.