

Case Number:	CM15-0099503		
Date Assigned:	06/02/2015	Date of Injury:	01/27/2010
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/22/2015

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: California, North Carolina
 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 52-year-old female who sustained an industrial injury on 01/27/2010. Treatment provided to date has included conservative care and therapies, left knee replacement surgery, and injections to the lumbar spine. Diagnostic tests performed include MRI of the lumbar spine (07/27/2013) showing straightening of the lumbar spine, multilevel disc desiccation, reduced disc height, multilevel disc degeneration, and multilevel focal disc protrusions and extrusions. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 12/03/2014, physician progress report noted complaints of chronic low back pain and bilateral knee pain. The injured worker reported that she could not walk because it feels like knives in her legs. The injured worker was noted to be status post total left knee arthroplasty. The progress report did not mention a pain rating or description. Additional complaints include low back pain that radiates to the buttocks which is described as severe. The injured worker was noted to have failed injections and conservative therapy for the low back. The physical exam revealed severe pain in the lumbar spine, numbness in both legs, tenderness to palpation over the well healed incision site of the left knee, edema in the left knee, positive 1-2 ACL laxity, tenderness to palpation over the joint line of the right knee, right knee patellofemoral crepitation, positive Apley grind test and pain with range of motion in the right knee. The provider noted diagnoses of lumbar discogenic disease with radiculopathy, chronic low back pain, bilateral knee internal derangement, bilateral knee pain, and status post left total knee arthroplasty. Plan of care includes electrical stimulation, consultations, possible low back surgery, continued medications, and follow-up. The injured worker's work status was temporarily totally disabled. Requested treatments include TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase or rental (approved per PA for 4 months 12/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental/purchase (approved per PA for 4 months 12/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

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

Decision rationale: CA MTUS states that TENS assessments have found that evidence is lacking concerning effectiveness. The results of most studies are inconclusive. Published trials also do not provide information on stimulation parameters, which are most likely to provide optimal pain relief. A one-month trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, the patient has chronic low back and knee pain and the request is for TENS unit rental/purchase for 4 months. This exceeds the guideline criteria, therefore the request is deemed not medically necessary or appropriate.