

<b>Case Number:</b>	CM14-0003833		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an employee of [REDACTED] and has submitted a claim for right leg pain associated with an industrial injury date of August 10, 2012. Treatment to date has included oral analgesics, right leg surgery and physical therapy. Medical records were reviewed and showed right leg pain rated 6/10 with stiffness; right knee pain rated 6/10 due to compensatory consequence, worse at night; and moderate ankle pain. Occasional numbness and soreness were also reported. Physical examination showed slight limitation of motion of the right knee with pain on extension and weight bearing. TENS unit rental for 1 month was requested; however the indication for its use was not discussed. Utilization review dated January 6, 2014 denied the request for neurostimulator TENS unit x 1 month due to no clear rationale for the request, and no evidence of a prior trial of a TENS unit in a clinical setting resulting in measurable objective and functional improvements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEUROSTIMULATOR TENS UNIT X1 MONTH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, although the patient complained of chronic pain, there was no discussion regarding failure of other treatment strategies. Furthermore, the medical records did not indicate treatment plans and goals for the use of a TENS unit. There is no clear indication for the use of a TENS unit at this time. Therefore, the request is not medically necessary.