

<b>Case Number:</b>	CM14-0109212		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 40 year old female was reportedly injured on 9/3/2013. The mechanism of injury is noted as lifting/carrying injury. The most recent progress note, dated 5/21/2014, indicates that there are ongoing complaints of neck pain, low back pain that radiates to the bilateral lower extremities, and left knee pain. The physical examination demonstrated ambulatory with an antalgic gait favoring the left leg. The cervical spine has tenderness to palpation at C3 to C7, positive tenderness to palpation scapular region, right thumb tenderness to palpation at metacarpophalangeal (MCP) and the Interphalangeal joint (IP) joint's, positive Finkelstein's, lumbar spine tenderness to palpation L3 to S1, positive straight leg raise on the left, positive sensory deficit left lower extremity L5 to S1 distribution, left knee positive tenderness to palpation joint line and positive at least and there are diagnostic imaging studies mentioned of an MRI of the lumbar spine dated 2/13/2014. Previous treatment includes medications, and conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: E1399 Solace Multi-Stim Unit (DOS: 05/19/14-06/18/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113-116.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicates that a one month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of a previous one month trial. Furthermore, the MTUS notes that an appropriate trial should include documentation of how often the unit was used, the outcomes in terms of pain relief and reduction, and there is no noted efficacy provided in the progress of presented for review. As such, the request for purchase of a TENS unit is considered not medically necessary.