

<b>Case Number:</b>	CM14-0012054		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/01/2000
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Illinois. 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 injured worker is a 54-year-old male with a reported injury on 04/01/2000. The mechanism of injury was not provided within the clinical notes. The clinical note dated 09/18/2013 reported that the injured worker complained of neck and back pain. The physical examination of the injured worker's right knee demonstrated mild swelling and tenderness per palpation over the medial aspect joint line. The injured worker's range of motion to his right knee demonstrated flexion to 120 degrees and extension to 0 degrees. The injured worker's diagnoses included lumbar radiculopathy, status post L4-5 fusion on 11/08/2001; surgical radiculopathy, status post C5-6 fusion in 2003; dysphagia due to postoperative cervical surgery; bilateral upper extremity weakness; gastroesophageal reflux disease; hypertension due to chronic pain; and right knee pain due to fall on 05/21/2013. The provider requested purchase of transcutaneous electrical nerve stimulation (TENS) unit due to the injured worker already has a TENS unit and has helped with pain. The request for authorization was submitted on 01/30/2014. The injured worker's prior treatments were not provided within the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT:** Upheld

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

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

**Decision rationale:** The injured worker complained of neck, back, and right knee pain. The treating physician's rationale for the TENS unit is due to the injured worker's pain is being controlled presently with TENS unit. The California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be 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. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition was not provided; there is a lack of documentation indicating the injured worker has significant functional deficits requiring the TENS unit. Moreover, there is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. There is a lack of clinical information provided documenting the efficacy of the TENS unit as evidenced by decreased pain and significant objective functional improvements. Furthermore, it is noted that the injured worker has previously been authorized the TENS unit; however, the duration and specific outcome to the injured worker's pain was not provided. In addition, the requesting provider did not specify the utilization frequency, duration, and location of application for the TENS unit being requested. Given the information provided, there is insufficient evidence to determine appropriateness of the TENS unit to warrant medical necessity. As such, the request for purchase of transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary.