

<b>Case Number:</b>	CM14-0126250		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 31-year-old male was reportedly injured on 4/12/2013. The mechanism of injury was noted as his supervisor ran him over while he was on a motorcycle. The claimant underwent a right below-the-knee amputation on 4/14/2013. The most recent progress notes, dated 5/21/2014 and 7/14/2014, indicate that there were ongoing complaints of low back pain and right phantom leg pain. Physical examination demonstrated phantom limb symptomatology present. The prosthetic leg fitted loosely and did not seem to allow stability when walking. There was hypersensitivity at the amputated leg below the knee with no infection. There were also no lumbar spine or neurological examination. No recent diagnostic imaging studies available for review. Diagnoses: Right phantom leg pain, s/p BTK amputation, pyogenic granuloma of the left hand s/p excision on 5/30/2014, and chronic low back pain. Previous treatment document included Percocet, gabapentin, Colace and Lexapro. A request had been made for transcutaneous electrical nerve stimulation unit and was not medically necessary in the utilization review on 7/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous Electrical Nerve Stimulation Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

**Decision rationale:** MTUS guidelines recommend against using a 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. MTUS requires that a TENS trial document how often the unit is used, the reduction in pain, and improvement in function. As such, this request is not considered medically necessary.