

<b>Case Number:</b>	CM14-0137280		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 48-year-old female who reported injury on 01/31/2012 while working as a housekeeper/laundry worker for [REDACTED]. The injured worker has diagnoses of headaches, lumbar spine herniated nucleus pulposus, radiculopathy of the lumbar region, lumbar spine degenerative disc disease, functional dyspepsia, bilateral hip sprain/strain, left knee internal derangement, Baker's cyst of the left knee, and hypertension. Past medical treatment consists of physical therapy, medication therapy, and acupuncture. Medications include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, and Ketoprofen cream. On 07/01/2014 the injured worker complained of low back, bilateral hip, and left knee pain. Physical examination revealed a pain rate of 6/10 to 8/10. Lumbar spine revealed to be tender to palpation over the paraspinal muscles, quadratus lumborum, lumbosacral junction, and at the PSIS with trigger points noted bilaterally, more on the left. There was also tenderness to palpation at both sciatic notches, right over the left. Range of motion revealed a flexion to proximal tibia, extension of 5 degrees, left lateral flexion of 15 degrees, right lateral flexion of 15 degrees, left rotation at 15 degrees, and right rotation at 15 degrees. Tripod sign, flip test, and Lasegue's differential were positive bilaterally. Examination of the hips revealed tenderness to palpation at the gluteus and piriformis muscles. Palpable tenderness was also noted at the greater trochanter and iliotibial band and range of motion of the hips bilaterally were within normal limits. Trendelenburg and Faber test were negative bilaterally. Left knee examination revealed tenderness to palpation over the medial and lateral joint line and to the patellofemoral joint. There was also tenderness to palpation at the pes anserinus bursa. Range of motion of the left knee revealed a flexion of 120 degrees and extension of 0 degrees. Apley's compression and patella grinding test were positive on the left. Deep tendon reflexes revealed 2+ and symmetrical in bilateral lower extremity. Motor strength was 4/5 in all the represented muscle groups in the

bilateral lower extremities. The treatment plan is for the injured worker to have use of a TENS unit. The rationale and Request for Authorization form were not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Transcutaneous electrotherapy (TENS) unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration program. The results of studies are inconclusive: the published trials do not provide information on the stimulation perimeters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Additionally, the submitted documentation lacked any indication of significant deficits upon physical examination. The efficacy of the injured worker's previous courses of conservative care was not provided. Furthermore, it is unclear if the injured worker underwent an adequate TENS unit trial. The request also is unclear as to if the injured worker needed to rent or purchase a TENS unit. As such, the request for transcutaneous electrotherapy (TENS) unit is not medically necessary.