

<b>Case Number:</b>	CM14-0156408		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 and Rehabilitation 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 injured worker is a 39-year-old male who reported an injury on 03/26/2014. The mechanism of injury was the injured worker was emptying large bags of carrots and onions, weighing approximately 25 to 30 pounds, and in the process of placing the vegetables in a container, the door that kept the container closed unlocked and the container flew open. The door hit the injured worker's right leg and caused him to fall onto his low back and his outstretched hands on the concrete floor. Prior therapies and diagnostic studies included physical therapy, an MRI and x-rays. The surgical history was noncontributory. The documentation of 07/18/2014 revealed the injured worker had low back and right thumb pain. The injured worker indicated that he had pain in the low back that was unchanged since the injury. Medications were noted to include Neurontin 100 mg, 2 capsules at bed time; Duexis 800/26.6 mg tablets, 1 twice a day as needed; Norco 5/325 mg, 1 twice a day as needed; and hydrocodone/acetaminophen 5/325 mg at night. Physical examination revealed the injured worker had decreased range of motion limited by pain. The injured worker had spasm and tenderness in the right side upon palpation of the lumbar spine. The lumbar facet loading was positive on the right side. The straight leg raise was positive on the bilateral sides in the sitting position at 85 degrees with additional hamstring tightness. The motor examination and sensory examination were within normal limits. The reflexes in knee jerk and ankle jerk were 0/4 bilaterally. The injured worker had decreased range of motion in the interphalangeal joint to 45 degrees with swelling of the joint. The injured worker was unable to make a fist and had limited range of motion. The injured worker had tenderness to light palpation, but dysesthesia. The injured worker had numbness to light touch at the joint/distal thumb in a circumferential distribution. The diagnosis included lumbar facet syndrome, low back pain, finger injury not otherwise specified, and wrist pain. The treatment plan included a thumb splint, physical therapy, as well as chiropractic care. Additionally, the treatment plan included a

TENS unit to address myofascial spasm and temporary relief for acute pain exacerbations. There was no Request for Authorization submitted for review.

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

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

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS - Transcutaneous electrical nerve stimulation.

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

**Decision rationale:** The California Medical Treatment & Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the TENS unit as an adjunct to a program of evidence based functional restoration. There was documentation indicating that other pain modalities had been trialed and had failed. The request as submitted, however, failed to indicate whether the unit was for rental or purchase. Given the above, the request for TENS unit is not medically necessary.