

<b>Case Number:</b>	CM14-0027287		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 59-year-old female with date of injury of 09/06/2011. The listed diagnoses dated 12/03/2013 are: Chronic low back pain and right-sided sciatica., Left hip labral tear., Left knee degenerative changes., Nonindustrial right knee osteoarthritis., Obesity., Acid reflux., and Carpal tunnel syndrome from 2001. According to this report, the patient complains of left hip, left knee, and low back pain. She has completed about 16 to 18 visits of water therapy, which she found helpful. She was able to do more exercises than she can do on land, which is limited by pain. She received approval for orthopedic surgeon referral regarding her left hip and TENS unit. The physical exam notes sit to stand and gait are within normal limits. The physical exam on the report dated 10/22/2013 notes sensation to pinprick is decreased on the right foot; the first toe worse laterally. Sensation on the left lower extremity is within normal limits. Straight leg raise is positive bilaterally. Faber's test is positive bilaterally; left more than the right with decreased range of motion on both hips. Piriformis test is positive bilaterally, left more than the right. There is tenderness across the low back and buttocks. Gait is antalgic. She is able to ambulate a few steps with her heels and toes raised slightly. The utilization review denied the request on 01/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SELECT- CARE DIGITAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) UNIT FOR PURCHASE (ELECTROMEDICAL EQUIPMENT):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** This patient presents with left hip, left knee, and low back pain. The treater is requesting a Select Care Digital Transcutaneous Nerve Stimulator (TENS) unit for purchase. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The progress report dated 10/22/2013 documents, She has an old TENS unit from 2001. She does not remember how to use it and does not know if it works. She thinks that a TENS unit had been approved for a month rental, but she did not get it. It appears that this patient has utilized the TENS unit in the past and is requesting a replacement unit for the one that she currently owns. None of the 360 pages of documents mention how the patient was utilizing the TENS unit, how often it was used, and what outcome measures were reported in terms of pain relief and function. Given the lack of documented functional improvement and pain relief as it relates to the use of TENS unit, recommendation is for denial.