

<b>Case Number:</b>	CM14-0030824		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Neurological Surgery 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 50-year-old male injured on September 1, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 8, 2014, indicated that there were ongoing complaints of foot and ankle pains along the Achilles tendon to the calves. There were also reports of low back pain. Current medications were stated to include Norco, Cyclobenzaprine and Topiramate and LidoPro cream. A home exercise program and the use of a transcutaneous electrical nerve stimulation (TENS) unit were stated to be minimally helpful. The injured employee reported heartburn and epigastric pain, which was controlled with omeprazole. The physical examination demonstrated tenderness over the left anterior medial foot and decreased sensation in the left lower extremity. There were diagnoses of plantar fasciitis and Achilles tendinitis. A request had been made for a one month trial of a TENS unit and was not certified in the pre-authorization process on February 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria use for TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**Decision rationale:** According to the medical note dated May 8, 2014 the injured employee has already had the use of a TENS unit and reported that it was minimally helpful. Additionally it is unclear which body part the injured employee was using the with the TENS unit for. A TENS unit could be used for radicular symptoms of neuropathic pain; however, the the medical record does not state that the injured employee has radicular symptoms. For these multiple reasons, this request for a TENS unit for home use is not medically necessary.