

<b>Case Number:</b>	CM14-0044241		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 37-year-old female who reported an injury on 12/16/2009. The mechanism of injury was not provided within the documentation submitted for review. The injured worker's diagnoses were noted to be cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain; right wrist and hand sprain/strain, status post total knee arthroplasty repair, status post arthroscopic surgery with residual; and possible complex regional pain syndrome. The injured worker was noted to have prior treatments of H-wave unit, medications, and physical therapy. The injured worker had an operative procedure on 04/28/2014. The procedures were noted to be insertion right lumbar sympathetic epidural catheter; epidurogram with myelographic interpretation; and right lumbar sympathetic infusion. The injured worker had a clinical exam on 01/13/2014. The subjective complaints were noted to be pain in the right lower extremity. The injured worker stated less hypersensitivity. The objective findings in the physical examination of the injured worker's right knee did not show much change. There was no effusion. The injured worker had full extension. The injured worker did have hypersensitivity to light touch anteriorly. There were mechanical symptoms noted along the joint lines with maximal flexion. Lachman's test was negative. Medications were noted to be Condrolite, Norco, Prilosec, Ambien, and Lyrica. The treatment plan included a follow-up of the complex regional pain syndrome. The provider's rationale for the request was not provided within the documentation. The request for authorization for medical treatment was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of one Prime Duel Electric Stimulator Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend a transcutaneous electrical nerve stimulation unit as a primary treatment modality. One month home based transcutaneous electrical nerve stimulation trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. While TENS (Transcutaneous Electric Nerve Stimulation) may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence based assessments of transcutaneous electrical nerve stimulation has found that evidence is lacking concerning effectiveness. The clinical evaluation provided for review does not indicate an adjunct program of evidence based functional restoration to accompany a trial of transcutaneous electrical nerve stimulation. Therefore, the request for Purchase of one Prime Duel Electric Stimulator Unit is not medically necessary and appropriate.