

<b>Case Number:</b>	CM14-0063687		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 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 44-year-old with an injury date on 1/24/12. Patient complains of chronic lower back pain and constant left knee pain with prolonged standing/walking per 3/21/14 report. Patient had some benefit from facet ablation with 30% improvement in back pain per 3/21/14 report. Based on the 4/21/14 progress report provided by [REDACTED] the diagnoses are spondylosis lumbosacral, pain in lower leg joint, sciatica, and disorders of the sacrum. Exam on 4/21/14 showed antalgic gait. The patient was able to ambulate independently into exam room. Tenderness to palpation over left knee medial joint was present. Crepitus and grinding of left knee with passive range of motion. Flexion decreased by 20% in flexion, but has full range of motion with extension. [REDACTED] is requesting one transcutaneous electrical nerve stimulation (TENS) unit purchase. The utilization review determination being challenged is dated 4/30/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/24/13 to 5/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-121.

**Decision rationale:** This patient presents with lower back pain and left knee pain and is status post (s/p) left knee surgery from December 2012. The treater has asked for one transcutaneous electrical nerve stimulation (TENS) unit purchase on 4/21/14. Review of the 2/19/14 qualified medical evaluators (QME) report shows patient is using a TENS unit which relieves symptoms, and notes that medications also relieve pain. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom limb pain, and multiple sclerosis. In the case of this request for a TENS unit purchase, the month-long trial does not include a documentation of improvement in function, specifics of the decrease in pain, or how the unit is being used. Due lack of specific documentation regarding one-month trial of TENS, recommendation is not medically necessary.