

<b>Case Number:</b>	CM14-0068485		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/07/2008
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Orthopedic Surgeon and is licensed to practice in Arizona. 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:

This is a 52-year-old female with a date of injury of 9/7/2008. According to the progress report of 6/25/2014, this patient has a history of chronic pain involving her back with pain radiating into her entire left foot associated with numbness and tingling of the entire foot. She also complains of pain in her right knee, and cervical spine with radiation into the scapular areas. Her pain is increased with standing, walking, and sitting and is better with rest. The patient is taking opioids, Valium, and Ambien for her chronic pain complaints. The primary treating physician in his reports gave a detailed history and physical. He documented the medication and the effect it has on the patient and he went over in chronological order the past medical history. There was no mention of the patient using a transcutaneous electric nerve stimulation (TENS) unit in these reports. In a progress note, dated 4/26/2014, by her podiatric provider, there is mention of the patient requiring TENS unit pads.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit pads:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, pg 127 Official Disability Guidelines (ODG).

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

**Decision rationale:** The chronic pain guidelines recommends a TENS unit after there has been a one-month trial in which there is documentation of how often the unit was used as well as outcomes in terms of pain relief and functional improvement. Also, a treatment plan including the specific short and long-term goals of treatment with a TENS unit should be submitted. There is no documentation in the medical record on how this TENS unit is being used, where it is being used, and how long as being used. There is no documentation of the affect it is having on the patient in the in terms of functional improvement. Therefore, according to the chronic pain guidelines, the medical necessity for providing TENS unit pads has not been established.