

<b>Case Number:</b>	CM14-0091035		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/01/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 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 68 year old male with a reported date of injury on 01/01/2014. The mechanism of injury was not noted in the records. The diagnoses were bilateral feet plantar fasciitis, lumbar disc degeneration and chronic myofascial pain syndrome. The past treatments included pain medication, physical therapy and a TENS unit. The MRI of the lumbar spine on 06/30/2014 revealed a normal examination of the sacroiliac joints. There was no surgical history noted in the records. On 06/11/2014, the subjective complaints were severe burning in bilateral feet and right hip pain rated at 4-5/10. The physical examination noted positive bilateral tibial tarsal tunnel sign and positive right sided Patrick test. The medications included Neurontin and Naproxen. The plan was to continue medications and Tens unit. The rationale was to relieve pain. The request for authorization form is dated 06/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 48,114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

**Decision rationale:** The request for TENS Unit with supplies is not medically necessary. The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. The guidelines also state that the one-month trial period of the TENS unit should be documented. The injured worker has chronic bilateral feet pain and hip pain. The notes indicate that the injured worker has been using a TENS unit, however there is no documentation in regards to how long he has had the TENS unit or if he has already completed the 1 month trial. As there is no documentation of the 1 month trial of the TENS unit, the request is not medically necessary.