

<b>Case Number:</b>	CM14-0103391		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/06/1998
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 66 year old female with a work injury dated 8/6/98. The diagnoses include lumbosacral sprain; knee pain. Under consideration are requests for RQ TENS unit with supplies for the right knee, lumbosacral and neck. There is a 1/8/14 progress note that states that the patient has a chief complaint of cervical, thoracic, lumbar spine and knee pain described as aching, stabbing, burning, and throbbing. It is alleviated by ice pack, heat, tens unit, pain medication, and being off feet. She states that she has pain radiating down to her legs with tingling and numbness in her feet and tingling in both hands. She also has knee complaints. On physical examination there is a shift to the right with a shortened stature of the neck. Tender to palpation in the mid trapezius bilaterally rated moderate. Scapular border tenderness bilaterally rated moderate. Tender to palpation in the paravertebral musculature bilaterally. Extension and rotation to either side causes left junctional discomfort. Lateral rotation of the cervical spine to the right causes left junctional discomfort. There is a numbing and tingling sensation experienced in the anterior chest wall with lateral rotation of the cervical spine. The lumbar range of motion is decreased. Carpal and Cubital tunnel testing are negative bilaterally. The right knee exam has a mild effusion. There is mild medial joint line tenderness. With active flexion and extension there is moderate retropatellar crepitation. ROM: 130' of flexion to full extension. Gait is with a limp on the right. Toe and heel walking increase the limp on the right. The treatment plan states that the patient continues symptomatic. She is a candidate for use of a TENS unit to gain further relief of symptoms. It is with today's report that authorization is sought for a TENS unit and supplies. She will continue current medication. Continue activities to tolerance. A request for elevator or lift in front of her house has been denied by the carrier. A 6/11/14 treating physician progress report states that the patient is to be treated for cervical spine symptoms, which are

chronic since the injury. She continues to experience an aching, stabbing, burning, throbbing, and tingling sensation that radiates into the trapezius bilaterally. Aggravation occurs with looking or turning to the left, lying on the left side. She seeks relief with continued use of current medication, ice alternated with heat, and is in hopes of obtaining a TENS unit which will provide relief and allow her to decrease the use of medication. She also has lumbar spine symptoms described as aching, stabbing, burning and throbbing, with a numbing and tingling sensation that radiates into the lower extremities bilaterally. Again, she seeks relief with continued use of medication, rest, ice alternating with heat with hopes of using a TENS unit to provide relief, allowing a reduction in the use of medication. She has also been treated for right knee symptoms described as aching, stabbing, burning, throbbing pain with a tingling. Aggravation occurs with bending, twisting, turning, prolonged standing, repetitious ascending, descending stairs, and prolonged sitting with the knee in a flexed position or driving. She seeks relief with rest, ice alternating with heat, use of current medication and hopes to use a TENS unit to gain relief.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**RQ TENS unit with supplies for the right knee, lumbosacral and neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** RQ TENS unit with supplies for the right knee, lumbosacral and neck is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation does not indicate evidence of a one month trial with documentation of how often the unit was used and the outcomes. The request for RQ TENS unit with supplies for the right knee, lumbosacral and neck is not medically necessary.