

<b>Case Number:</b>	CM14-0164522		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 24 year old female who was injured on 4/1/2013. The diagnoses are Ankle, foot and low back sprain. There are associated diagnoses of right tibial tendon tendonitis, ankle synovitis and right navicular fracture. On 9/18/2014, [REDACTED] noted subjective complaints of right ankle pain made worse by walking. There was associated swelling that got worse after an ankle injection. There were objective findings of dystrophic skin, hair and nail changes. There was marked tenderness on palpation of the ankle. The patient is doing a home exercise program and utilizing gabapentin medication. A urine drug screen (UDS) dated 7/11/2014 was negative for any medication or substance. A Utilization Review determination was rendered on 10/2/2014 recommending non certification for TENS unit use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) guidelines recommend that TENS unit can be utilized for the treatment of chronic musculoskeletal and neuropathic pain syndromes when conservative treatment with medications and physical therapy (PT) have failed. The use of TENS unit can be incorporated as part of a physical therapy program. The records indicate that the patient had significant symptoms and signs consistent with chronic right ankle pain with neuropathic pain component. The patient failed medications treatment and joint injections. The criteria for an initial TENS trial and progressing to TENS unit use was met.