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| <b>Case Number:</b>   | CM14-0208314 |                              |            |
| <b>Date Assigned:</b> | 12/19/2014   | <b>Date of Injury:</b>       | 12/08/2013 |
| <b>Decision Date:</b> | 02/13/2015   | <b>UR Denial Date:</b>       | 11/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/12/2014 |

### 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 Rehab, 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 63 year old female who had a work injury dated 12/8/13. The diagnoses include low back pain; lumbar spine sprain/strain rule out herniated nucleus pulposus; rule out lumbar radiculopathy; right knee sprain/strain rule out joint derangement; right foot sprain/strain rule out internal derangement. Under consideration is a request for TENS unit with supplies Hot / Cold unit. The 5/23/14 document states that the patient has burning low back pain which is accompanied by numbness/tingling in the bilateral lower extremities. The patient has burning right knee pain, burning right foot pain. On exam the patient is in no acute distress. There is palpable tenderness at the lumbar paraspinal muscles. The lumbar range of motion is reduced. There are negative straight leg raise tests. The right knee reveals palpable tenderness with no instability and decreased right knee range of motion. There is tenderness at the dorsal right foot and at the calcaneus. There is slightly decreased sensation to pin prick and light touch at the L4,L5,S1 dermatomes in the right lower extremity. The muscle motor strength is 4/5 in the BLE. The deep tendon reflexes are 2/4 in the BLE. There is a treatment plan dated 5/23/14 that states that the patient will be supplied with a TENS unit with supplies for home use and hot/cold unit are requested for the patient. The patient was prescribed her medications; x-rays of the lumbar spine, right knee and foot were requested; shockwave treatment; lumbar MRI; BLE EMG/NCS; LINT therapy and Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit with supplies Hot / Cold unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Cold / Heat Packs; Knee & Leg, Cold / Heat Packs; Ankle & Foot, Cold Packs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints Page(s): 308; 338, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** TENS unit with supplies Hot / Cold unit is not medically necessary per the MTUS guidelines. The Chronic Pain Medical Treatment 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 MTUS ACOEM states that for the knee, ankle and low back the patient can use at-home applications of heat or cold packs may be used before or after exercises which are as effective as those performed by a therapist. The documentation does not include evidence that the patient had a one month trial period with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation is not clear why the patient is unable to use an at home hot/cold pack rather than a specialized hot/cold unit. The request for TENS unit with supplies Hot/Cold unit is not medically necessary.