

<b>Case Number:</b>	CM14-0216216		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65 year old female who sustained an industrial/work injury on 6/25/12. She reported an initial complaint of low back pain. The injured worker was diagnosed as having pain in joint involving ankle and foot, and pain in joint involving lower leg, lumbar sprain/strain. Treatment to date includes medication and diagnostics. MRI results were reported on 8/11/13 of right ankle. Currently, the injured worker complained of low back pain that was rated 1/10 with medication and 9/10 without medication. The pain radiates down the bilateral lower extremities. Per the primary physician's report (PR-2) on 6/23/14, exam noted moderate distress, gait is slow, with tenderness to the right wrist and bilateral knees and right ankle, range of motion of the lower extremities bilateral knees was decreased due to pain and right ankle was decreased due to pain. The requested treatments include transcutaneous electrical nerve stimulation (TENS) unit 30 day trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit 30day trial:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

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

**Decision rationale:** The claimant sustained a work injury in June 2012 and continues to be treated for radiating low back pain. When seen, pain was rated at 9/10 without medications and 1/10 with medications. Treatments have included medications and injections. She is also receiving chemotherapy and radiation therapy treatments for breast cancer. Being requested is authorization for a one month trial of TENS. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. In this case, the claimant was having ongoing chronic pain and relying on medications for pain relief. A trial of TENS was medically necessary.