

<b>Case Number:</b>	CM15-0109019		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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:

This 60 year old man sustained an industrial injury on 10/18/2013. The mechanism of injury is not detailed. Diagnoses include foot pain, knee pain, degeneration of lumbar intervertebral disc, and right shoulder pain. Treatment has included oral medications, epidural steroid injection, rhizotomy, stretching, and physical therapy. Physician notes dated 5/8/2015 show complaints of low back, right knee, and right foot pain rated 6/10. Recommendations include transforaminal lumbar epidural steroid injection, possible future rhizotomy, additional chronic pain physical therapy, TENS unit for home use, orthopedic evaluation, lumbar spine orthopedic evaluation, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit and electrodes combo pack (rental or purchase unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy Page(s): 114, 121.

**Decision rationale:** The claimant sustained a work-related injury in October 2013 and continues to be treated for low back and right shoulder, knee, and foot pain. He recently completed 10 physical therapy treatments. When seen, there was spinal tenderness with muscle spasms and guarded movements. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Providing a TENS unit with supplies was not medically necessary.

**Physical therapy 2 times a week for 3 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 229, 301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in October 2013 and continues to be treated for low back and right shoulder, knee, and foot pain. He recently completed 10 physical therapy treatments. When seen, there was spinal tenderness with muscle spasms and guarded movements. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.