

<b>Case Number:</b>	CM15-0168415		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	02/15/2015
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 36 year old male, who sustained an industrial injury on 02-15-2015 (progress reports show date of injury as 02-15-2013) resulting in pain or injury to the right ankle and foot resulting from a temporary barrier falling on his foot. A review of the medical records indicates that the injured worker is undergoing treatment for right foot pain. Medical records (02-04-2015 to 07-22-2015) indicate ongoing right foot pain with a current pain rating of 4-5 out of 10 with medications and 7 out of 10 without medications. Records also indicate no changes in pain or activity levels. Per the treating physician's progress report, the injured worker has returned to work with modified or restricted duties. The physical exams, dated 02-04-2015 to 07-22-2015, revealed no changes in the physical exam of the right foot and ankle (including motor and sensory exams). Relevant treatments have included right foot surgery (02-2014), several sessions of physical therapy (PT), TENS (transcutaneous electrical nerve stimulation), work restrictions, a walking boot, crutches, conservative care, and pain medications. In fact the progress report dated 07-22-2015 states that the injured worker is continuing to use the TENS unit twice daily which helps to decrease his pain. The treating physician indicates that x-rays of the right foot (02-2015) revealing unspecified abnormalities as the radiology report was not available for review. The request for authorization (07-27-2015) shows that the following services and items were requested: purchase of TENS unit to address pain complaints and avoid medication escalation, and additional PT. The original utilization review (08-03-2015) denied the request for the purchase of a TENS unit due to the absence of a previous trial and history of use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of TENS (transcutaneous electrical nerve stimulation) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The current request is for a Purchase of TENS (transcutaneous electrical nerve stimulation) unit. Relevant treatments have included right foot surgery (02/26/14), several sessions of physical therapy (PT), TENS (transcutaneous electrical nerve stimulation), work restrictions, a walking boot, crutches, conservative care, and pain medications. The patient is working modified duty. MTUS, Transcutaneous Electronic Therapy Section, Page 116, regarding TENS unit states: "require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain." Per progress report dated 07-22-2015, the patient presents with ongoing right foot pain with a current pain rating of 4-5 out of 10 with medications and 7 out of 10 without medications. The treater states that the patient is continuing to use the TENS unit during physical therapy, which helps to decrease his pain. In this case, the patient does not meet the indication for the use of a TENS unit, set forth by MTUS. MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. This patient suffers from chronic foot pain. This patient does not meet the criteria for extended use; therefore, the request IS NOT medically necessary.