

<b>Case Number:</b>	CM15-0189325		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 58 year old male who sustained an industrial injury 03-14-13. A review of the medical records reveals the injured worker is undergoing treatment for cervical and lumbar spine sprain and strain with radiculopathy, status post arthroscopy of the right shoulder with residual tendinitis, tendinitis of the left shoulder, bilateral elbows, left knee, and right wrist; lumbar myofascitis with probable herniated lumbar disc, status post arthroscopy of the right knee with residual tendinitis and inflammation, right ankle sprain and strain, sleep difficulty, internal medicine problems, and anxiety and distress. Medical records (08-24-15) reveal the injured worker complains of pain in the right shoulder, arm, elbow, wrist, thumb, neck, upper back, back of the head, shoulder blades, bilateral knees, right side of lower back, right leg to the foot, and bilateral ankles, as well as numbness in the right leg to the foot and swelling in the right side of the lower back. The pain is not rated. The injured worker is not working. The physical exam (08-24-15) reveals tenderness and pain with range of motion of the cervical and lumbar spines as well as the right ankle, pain with motion of the right shoulder, bilateral elbows, and right wrist. He is noted to have difficulty with squatting and kneeling. Prior treatment includes chiropractic care, cortisone injections, right knee surgery (10-13), postoperative physical therapy, right shoulder surgery (08-20-14), medications, home exercises, and postoperative physical therapy. The treating provider does not comment on any diagnostic testing of the lumbar spine. The original utilization review (09-14-15) non-certified the request for a TENS unit for home use to the lumbar spine. The treating provider reports (06-26-15) that the injured worker used a TENS unit during physical therapy and states that "it provided relief in pain and stiffness."

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS unit for home use (lumbar spine): 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:** Guidelines do not support TENS as a primary treatment modality and reserves its use for one-month home based trial in patients with an adjunct program of functional restoration. In this case, there are no documented indications for purchase of a TENS unit. The request for a TENS unit for home use (lumbar spine) is not medically appropriate or necessary.