

<b>Case Number:</b>	CM15-0190123		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	06/16/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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:

The injured worker is a 68 year old male, who sustained an industrial injury on 6-16-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain, bilateral knee strain, lateral epicondylitis, and degenerative changes of the lumbar spine and bilateral knees. On 7-6-2015, the injured worker reported bilateral knee pain and low back pain, with shoulder pain. The Primary Treating Physician's report dated 7-6-2015, noted the injured worker reported his bilateral knee pain and low back pain unchanged with current medications. The physical examination was noted to show diffuse lumbar spine tenderness to palpation without step off, bilateral lumbar paraspinal tenderness to palpation with spasm, painful range of motion (ROM), and tenderness to palpation along the medial knee joint line with palpable crepitus and pain with range of motion (ROM). Prior treatments have included Ibuprofen, Robaxin, Norco, and ice-heat. The Treating Physician's report dated 8-25-2015, noted the injured worker temporarily totally disabled with a referral for an electromyography (EMG)-nerve conduction study (NCS) of the bilateral upper extremities for cervical radiculopathy and bilateral carpal tunnel syndrome, and treatment plan of physical therapy, acupuncture, and a 30 day trial of TENS unit. The request for authorization dated 8-29-2015, requested an EMG-NCS of the bilateral upper extremities-cervical and TENS unit and supplies x 30 day trial. The Utilization Review (UR) dated 9-9-2015, certified the request for an EMG-NCS of the bilateral upper extremities-cervical and non-certified the request for TENS unit and supplies x 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 and supplies x 30 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Second edition, Chapter 12, page 300;ODG-TWC Pain Procedure Summary online version.

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

**Decision rationale:** The claimant sustained a work injury with date of injury in June 2015. He works as a probation officer and has a history of several injuries beginning in August 2013 when he had back pain while working in a juvenile detention center and performing a takedown. This was occurring 2-4 times per month. When seen for the initial evaluation, diagnoses were bilateral knee and lumbar strains. He had lumbar spine and knee degenerative changes on a non-occupational basis. He was referred for physical therapy. Ibuprofen and Robaxin was prescribed. He was placed at of work. X-rays were obtained showing moderate bilateral knee osteoarthritis and lumbar degenerative disc disease. When seen in July 2015 he was having multiple complaints aside from his knees and low back. He was having worsening neck and bilateral shoulder pain and numbness into the left arm. Physical examination findings included diffuse lumbar spine and paraspinal tenderness with spasms. There was pain with lumbar range of motion. He was unable to squat fully due to knee pain. There was medial knee joint line tenderness. There was full range of motion with crepitus and pain. Physical therapy was pending. Authorization is being requested for a trial of TENS. TENS is not recommended as a primary treatment modality. A one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, the claimant has not had physical therapy or instruction in a home exercise program. There is no evidence of adjunctive treatments. For this reason, the request cannot be accepted as being medically necessary at this time.