

<b>Case Number:</b>	CM15-0200040		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/07/2009
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 56 year old male, who sustained an industrial injury on 07-07-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, right knee and low back injury, depression, anxiety, stress, and difficulty sleeping. Medical records (03-11-2014 to 11-10-2014) indicate ongoing right knee and low back pain. Pain levels were rated 8 out of 10 in severity on a visual analog scale (VAS). Activity levels and level of functioning were not specifically addressed. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 03-14-2015, revealed tenderness to palpation in the thoracic and lumbosacral musculature, muscle spasms throughout the thoracic and lumbosacral region, restricted range of motion in the lumbar spine, pedal edema, and positive McMurray's test. Relevant treatments have included: right knee surgery, physical therapy (PT), work restrictions, and pain medications. The request for authorization (11-10-2015) shows that the following equipment was requested: retrospective TENS/EMS unit (6 months) (DOS 11/10/2014). The original utilization review (09-28-2015) non-certified the request for retrospective TENS/EMS unit (6 months) (DOS 11/10/2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective TENS/EMS unit (months) Qty: 6.00 (DOS 11/10/2014): 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:** CA MTUS Guidelines state that TENS is not intended as an isolated intervention, but should be used in conjunction with a comprehensive rehab program. In this case, the patient was injured in 2009 (right knee and low back) and has apparently been off work since this time. He underwent physical therapy without improvement. There is no mention of TENS during his prior PT. CA MTUS Guidelines require submission of a treatment plan with short and long-term goals in regards to TENS therapy. In this case, there is no treatment plan, goals for TENS or site for use of the TENS unit. Therefore, based on this lack of information, the request is not medically necessary or appropriate.