

<b>Case Number:</b>	CM15-0030571		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	12/12/1995
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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, Arizona

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 56-year-old female who reported an injury on 12/12/1995. The mechanism of injury was not stated. The current diagnosis include osteoarthritis involving other specified sites; sprain of an unspecified site of the knee and leg; and derangement of posterior horn of the medial meniscus. On 12/12/2014, the injured worker presented with persistent low back pain, as well as left knee and leg pain. There was no change in the injured worker's functional capacity. Upon examination of the lumbar spine, there was slightly increased flexion to 25 degrees, 20 degree extension, 20 degree right side bending, 15 degree left side bending, positive left lumbar facet maneuver, left paralumbar tenderness, lumbar paraspinal spasm, mild right SI joint tenderness, positive left SI joint tenderness, positive straight leg raise on the right at 60 degrees, and positive contralateral buttock pain at 60 degrees of straight leg raising. Upon examination of the left knee, there was positive weakness, positive compression test, positive apprehension test, medial joint line tenderness, medial collateral tenderness, and negative McMurray's sign. The injured worker utilized a single based cane for ambulation assistance. Recommendations included continuation of pool exercise, continuation of Lidoderm 5% patch, Topamax 25 mg, Zolof 100 mg, and continuation of TENS therapy. It was noted that the injured worker was in need of replacement TENS pads. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient TENS pads times 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Nerve Stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option. The current request for 12 TENS pads would not be supported, as there is no evidence of a successful 1 month trial with the TENS unit. In the absence of objective functional improvement despite ongoing TENS therapy, replacement supplies would not be supported. Given the above, the request is not medically appropriate at this time.