

<b>Case Number:</b>	CM15-0037832		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 41 year old male, who sustained an industrial injury on 7/25/2014. The diagnoses have included nasal bone fracture-closed, acute post traumatic headache, sprain/strain knee/leg other, pain knee/patella, sprain/strain cervical, cervicgia, lumbar sprain/strain and thoracic sprain/strain. Treatment to date has included medications, heat and cold application, modified work and activity restrictions. Currently, the IW complains of sharp, dull, aching pain with stabbing, burning and shooting sensation in the face and cervical and lumbar spine that radiates to the knees and legs and up to the neck and upper extremities. Baseline pain is rated as 7-8/10. Objective findings included full range of motion of the cervical and thoracic spine, with tenderness at the thoracic paravertebral muscles and a positive cervical compression test. Spasms were noted in the thoracic spine with a positive Kemp's test. Left knee exam showed full range of motion with tenderness and positive McMurray's sign. Magnetic resonance imaging (MRI) report was read as "PHMM tear." On 1/28/2015, Utilization Review non-certified a request for a home TENS/EMS unit - cervical thoracic spine and left knee, noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/28/2015, the injured worker submitted an application for IMR for review of home TENS/EMS unit - cervical thoracic spine and left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Home TENS/EMS Unit (Unspecified rent/purchase) - Cervical/Thoracic spine, Left Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS) Page(s): 1114-1116. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter. TENS, chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** Based on the 12/4/14, progress report provided by the treating physician, this patient presents with activity-depending to frequent/moderate achy neck pain/stiffness rated 5/10 on VAS scale, constant sharp upper/mid back pain rated 8/10 on VAS scale, and constant sharp left knee pain with numbness radiating to the ankle, rated 8/10 on VAS scale. The treater has asked for DME: HOME TENS/EMS UNIT-UNSPECIFIED RENT/PUCHASE-CERVICAL /THORACIC SPINE LEFT KNEE on 12/4/14. The requesting progress report dated 12/4/14 states: "request TENS/EMS unit to help manage pain, increased ROM, increase activities of daily living." The request for authorization was not included in provided reports. The patient has not had prior surgeries other than a hernia removal of unspecified date per 11/25/14 report. The patient's current medications are Naproxen, Orphenadrine, and Pantaprazole as of 11/25/14 report. The patient is currently not working, and off work until 1/18/15 as of the current request. MTUS guidelines pg 114-121, regarding Transcutaneous electrotherapy state, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option," and they are recommended for neuropathic pain, phantom limb pain and CRPS II, spasticity, and Multiple sclerosis. In this case, the patient has not had prior month-long trial of TENS unit per review of reports dated 7/25/14 to 1/15/15, which is required prior to a home purchase. In addition, the patient does not present with a diagnosis that MTUS indicates for use of TENS unit. The request IS NOT medically necessary.