

<b>Case Number:</b>	CM15-0050905		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 31 year old male, who sustained an industrial injury on July 19, 2011. He has reported lower back pain and knee pain. Diagnoses have included knee pain, myofascial pain, and meniscus tear. Treatment to date has included medications, transcutaneous electrical nerve stimulation unit, home exercise, and imaging studies. A progress note dated February 27, 2015 indicates a chief complaint of lower back pain, left knee pain, and right knee discomfort. The treating physician documented a plan of care that included refilling pain medications, and continuation of home exercise and transcutaneous electrical nerve stimulation unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens patch x 2 pairs:** Overturned

**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 Page(s): 114-116.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. I respectfully disagree with the UR physician's denial stating that TENS is to be used as an adjunct to other modalities. Per the documentation submitted for review, TENS unit provides relief to the injured worker and is used in conjunction with home exercise program, and medication management. The request is medically necessary.