

<b>Case Number:</b>	CM15-0052184		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	01/30/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 61-year-old female who sustained an industrial injury on 1/30/2004. Her diagnoses, and/or impressions, include chronic pain syndrome; lumbar spinal stenosis and radiculopathy; and left ankle sprain with Achilles tendonitis. Current magnetic resonance imaging studies of the left ankle is noted on 10/6/2014. Her treatments have included lumbar epidural steroid injection therapy and epidurogram (10/17/14); use of cane; and medication management. The Orthopedic progress notes, of 12/4/2014, show the injured worker returned because her other doctors would not listen to her as she reported a sore left hip and feeling as though her left buttock was sitting in a cold spot, along with radiating pain down the left posterior thigh. The requested treatments from that visit included a left hip x-ray and follow-up with both her primary care physician and pain management physician. No progress notes provided, were noted to include the request for interferential or muscle stimulator with transcutaneous electrical stimulation unit pads, and a repeat left ankle x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential or muscle stimulator and TENS pad:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118 and 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Current Stimulation (ICS), p118-120 Page(s): 118-120.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for left hip and ankle pain and back pain. She was ambulating with a cane. There had been worsening symptoms after an epidural steroid injection. Physical examination findings included decreased left hip range of motion and strength. Criteria for use of an interferential stimulation unit or TENS unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, the claimant has not undergone a trial of interferential stimulation and therefore providing a home unit is not medically necessary.

**Repeat Left Ankle X-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [www.odg-twc.com](http://www.odg-twc.com); Section: Ankle & Foot and Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Radiography.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for left hip and ankle pain and back pain. She was ambulating with a cane. There had been worsening symptoms after an epidural steroid injection. Physical examination findings included decreased left hip range of motion and strength. Applicable criteria for obtaining an x-ray of the ankle in this clinical scenario would include chronic ankle pain of uncertain etiology or after an acute injury. In this case, the claimant has already had an MRI of the ankle that explains her symptoms. There has been no new injury. Therefore, the requested repeat ankle x-ray is not medically necessary.