

<b>Case Number:</b>	CM15-0052550		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 38-year-old male, who sustained an industrial injury on September 25, 2009. He reported low back and right knee pain. The injured worker was diagnosed as having depression, internal derangement of the knee, discogenic lumbar condition and chronic pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, physical therapy, chiropractic care, acupuncture, massage therapy, steroid injections, gym memberships, right knee orthotic brace, medications and work restrictions. Currently, the injured worker complains of right knee and low back pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He reported lifting a concrete post into a back hoe bucket and feeling pain in the right knee and low back. He was treated conservatively and surgically without complete resolution of the pain. He reported depression secondary to the chronic pain. He was treated with cognitive behavioral therapy. Evaluation on September 3, 2014, revealed continued pain. It was noted he failed many conservative therapies. A TENS unit was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation) unit:** 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 Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of the patient's pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the request for TENS unit is not medically necessary.