

<b>Case Number:</b>	CM15-0082448		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 50 year old male injured worker suffered an industrial injury on 06/18/2012. The diagnoses included right and left inguinal hernia repair, lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, right knee internal derangement and depression. The diagnostics included lumbar and right knee magnetic resonance imaging and electromyographic studies. The injured worker had been treated with trigger point injections and medications. On 4/1/2015 the treating provider reported the low back pain was 7/10 and requested trigger point injections. He reported the pain was 40% to 50% relief with medications. On exam there was an impaired gait with lumbar tenderness along with muscle rigidity. There was decreased lumbar range of motion. The straight leg raise was positive. The right knee revealed mild swelling with tenderness and crepitus. The treatment plan included TENS, Electrodes, Batteries, and Setup and delivery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential (IF)/ Transcutaneous electrical nerve stimulation (TENS) Unit combo 1 month rental:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); TENS Page(s): 116-20; 114-6.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-116.

**Decision rationale:** The 50 year old patient complains of pain in lower back, rated at 7/10, along with right knee pain and sleep issues, as per progress report dated 04/01/15. The request is for IF/TENS UNIT COMBO 1 MONTH TRIAL. The RFA for the case is dated 04/01/15, and the patient's date of injury is 06/18/12. The patient is status post left inguinal hernia repair on 09/09/12 and status post right inguinal hernia repair on 10/29/13. Diagnoses included lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, right knee internal derangement, reactionary depression and anxiety, and medication-induced gastritis. Medications included Ultracet, Anaprox, Doral and Prilosec. The patient is temporarily totally disabled, as per the same progress report. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed. Also, the recommended trial period is for only 30 days. In this case, a request for TENS unit is noted in progress report dated 04/01/15. The treater states that the request is for one month home-based trial and if the patient is able to significantly decrease their pain and increase their function, then hopefully decrease oral medication, I request the purchase of TENS unit. The treater also states that the patient has chronic pain and has tried conservative treatments including physical therapy and medications. MTUS also supports TENS unit trial in patients who continue to suffer from pain, in spite of other treatments. Hence, the request IS medically necessary.

**Electrodes - times 2 packs:** Overtuned

**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 TENS  
Page(s): 114-116.

**Decision rationale:** The 50 year old patient complains of pain in lower back, rated at 7/10, along with right knee pain and sleep issues, as per progress report dated 04/01/15. The request is for ELECTRODES X 2 PACKS. The RFA for the case is dated 04/01/15, and the patient's date of injury is 06/18/12. The patient is status post left inguinal hernia repair on 09/09/12 and status post right inguinal hernia repair on 10/29/13. Diagnoses included lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, right knee internal derangement, reactionary

depression and anxiety, and medication-induced gastritis. Medications included Ultracet, Anaprox, Doral and Prilosec. The patient is temporarily totally disabled, as per the same progress report. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. Given the patient's chronic pain and failure of conservative treatments, a one-month trial of IF/TENS unit appears reasonable and has been authorized. Consequently, the request for electrodes IS medically necessary as well.

**Batteries - times 2:** 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 TENS Page(s): 114-116.

**Decision rationale:** The 50 year old patient complains of pain in lower back, rated at 7/10, along with right knee pain and sleep issues, as per progress report dated 04/01/15. The request is for BATTERIES X 2. The RFA for the case is dated 04/01/15, and the patient's date of injury is 06/18/12. The patient is status post left inguinal hernia repair on 09/09/12 and status post right inguinal hernia repair on 10/29/13. Diagnoses included lumbar mylologamentous injury with bilateral lower extremity radicular symptoms, right knee internal derangement, reactionary depression and anxiety, and medication-induced gastritis. Medications included Ultracet, Anaprox, Doral and Prilosec. The patient is temporarily totally disabled, as per the same progress report. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial

period is for only 30 days. Given the patient's chronic pain and failure of conservative treatments, a one-month trial of IF/TENS unit appears reasonable and has been authorized. Consequently, the request for batteries IS medically necessary as well.

**Setup and delivery (lumbar region and right knee): 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 TENS Page(s): 114-116.

**Decision rationale:** The 50 year old patient complains of pain in lower back, rated at 7/10, along with right knee pain and sleep issues, as per progress report dated 04/01/15. The request is for SET UP AND DELIVERY. The RFA for the case is dated 04/01/15, and the patient's date of injury is 06/18/12. The patient is status post left inguinal hernia repair on 09/09/12 and status post right inguinal hernia repair on 10/29/13. Diagnoses included lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, right knee internal derangement, reactionary depression and anxiety, and medication-induced gastritis. Medications included Ultracet, Anaprox, Doral and Prilosec. The patient is temporarily totally disabled, as per the same progress report. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. Given the patient's chronic pain and failure of conservative treatments, a one-month trial of IF/TENS unit appears reasonable and has been authorized. Consequently, the request for set up and delivery IS medically necessary as well.