

<b>Case Number:</b>	CM14-0113925		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/29/1996
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Pain Medicine and licensed in Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

77y/o male injured worker with date of injury 12/29/96 with related back pain. Per progress report dated 6/5/14, he also complained of right knee pain. X-ray of the lumbar spine dated 6/6/14 revealed a transitional vertebra, which was designated L5, which was fused to the sacrum, based on this numbering system there was moderate L1 compression fracture (40% loss of vertebral height) present, which was age indeterminate. There was mild spondylolisthesis at L4-L5. He has been treated with physical therapy, injections, viscosupplementation, and medication management. The date of UR decision was 6/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **30 Days Trial of TENS Unit with a Physical Therapist, Left Knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-6.

**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. The documentation submitted for review supports the medical necessity of TENS trial, I agree that there is a need for physical therapist visit for initial fitting and patient education as stated by the UR physician. The request is medically necessary.