

<b>Case Number:</b>	CM14-0121229		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/09/2001
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama and Maryland. 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:

Patient is a 55 year old individual who sustained an injury on 3/9/1. Patient demonstrated extension to 5 degrees and left side bending with pain, poor lumbopelvic rhythm, mild lumbar paraspinal spasm, positive right lumbar facet maneuver, right SI joint tenderness, positive SI joint stress test and axial back pain at 45 degrees with right straight leg raise test. Right hip exam shows positive patrick's test, right subtrochanteric tenderness, weakly positive right subtrochanteric stress test with pain and weakness and positive right femoral stretch test. Right foot exam shows flat feet and pain with right plantar foot extension. Current requests are consultation with a podiatrist for the right foot and TENS unit and supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit and supplies, rental or purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Page(s): 114-117.

**Decision rationale:** The CPMT guidelines state that TENS for chronic pain is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as

a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for certain conditions such as neuropathic pain, phantom limb pain and CRPSII, spasticity and multiple sclerosis. Use of TENS unit is recommended if there is documentation of pain for at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, a one-month trial period of the TENS unit should be documented with documentation of how often it was used as well as the outcomes in terms of pain relief and function. In this case, there is no discussion regarding prior use of TENS unit as an adjunct to a program as well as decrease in medication intake. Moreover, there is no clear indication as to how this modality will impact functional status in a positive manner in this patient. Moreover, there is no discussion whether there is significant change in work-related functional status to warrant the request. Therefore, based on the CPMT guidelines and the available medical records, this request is not medically necessary at this time.