

<b>Case Number:</b>	CM15-0103470		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/13/1995
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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 injured worker is a year old male, who sustained an industrial injury on July 13, 1995, incurring low back and knee injuries. He underwent a surgical lumbar fusion and bilateral knee arthroscopic debridement. He was diagnosed with lumbar degenerative disc disease, bilateral knee osteoarthritis. Treatment included pain medications, medical marijuana, muscle relaxants and work restrictions. Currently, the injured worker complained of chronic low back pain and chronic bilateral knee pain. He complained of increased muscle spasms. The treatment plan that was requested for authorization included a transcutaneous electrical stimulation unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

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

**Decision rationale:** The patient complains of chronic low back pain and chronic bilateral knee pain, as per progress report dated 04/08/15. The request is for TENS UNIT. There is no RFA for this case, and the patient's date of injury is 07/13/95. The patient is status post lumbar fusion with subsequent hardware removal, and status post bilateral knee debridement, as per progress report dated 04/08/15. The pain is rated as 10/10 without medications and 3/10 with medications. Diagnoses included chronic pain syndrome, bilateral knee osteoarthritis, and bilateral SI joint dysfunction. Medications included Valium and Oxycodone. The patient is temporarily totally disabled and is unable to work, 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 reports dated 10/14/14 and 04/08/15. The patient continues to have chronic pain in spite of significant conservative care and surgical interventions. The treater, however, does not discuss the purpose of the TENS unit. It is not clear how it will be used. Additionally, there is no documentation of prior one-month trial of the unit and its outcome, and there is no treatment plan with short and long-term goals. Hence, this request is not medically necessary.