

<b>Case Number:</b>	CM15-0016748		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/08/2004
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 43-year-old male who reported injury on 11/19/2014. The mechanism of injury was a motor vehicle accident. The diagnoses included chronic low back pain, left lower extremity radiculitis, chronic bilateral knee pain, status post left knee arthroscopy, and status post right knee arthroscopy with partial meniscectomy. The documentation of 12/05/2014 revealed the injured worker had chronic radicular low back pain of a 5/10 to an 8/10. The injured worker's medication included nortriptyline 50 mg at bedtime. The physical examination revealed decreased range of motion of the lumbar spine and hip flexion of 4/5 on the left, knee flexion at 4/5 on the left, and tenderness to palpation along the L4 and L5 processes with radiation down the leg. The injured worker underwent an MRI of the lumbar spine on 09/03/2010. The treatment plan included nortriptyline. Additionally, the request was for laboratory studies. Additionally, the documentation of 12/05/2014 requested a 1 month TENS trial unit. Medications that were prescribed included diclofenac XR 100 mg #60 and omeprazole 20 mg #60 for gastric prophylaxis. There was a lack of Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS Unit 1 month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69, 70-73, 98-99, 114-116.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that a 1 month home based trial may be appropriate if used as an adjunct to a program of evidence based functional restoration and there should be documentation that other pain modalities have been trialed and failed, including medication. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the unit as an adjunct to other functional restoration therapies. There was a lack of documentation that other pain modalities had been trialed and failed. The request as submitted failed to indicate whether the request was for rental or purchase. Given the above, the request for a home TENS unit 1 month is not medically necessary.