

<b>Case Number:</b>	CM15-0116105		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 66 year old female who sustained an industrial injury on 04/05/2010. Diagnoses include status post bilateral knee total arthroplasty, severe lumbar stenosis, pending cauda equina syndrome per presentation and Magnetic Resonance Imaging findings, lumbar discogenic disease, chronic low back pain, recent cardiac stent placement and status post lumbar spine fusion L4-S1 on 03/21/2014. Treatment to date has included diagnostic studies, medications, home exercise program, use of a Transcutaneous Electrical Nerve Stimulation unit. The most recent physician progress note dated 03/12/2015 documents the injured worker complains of low back pain and soreness, bilateral knee pain, status post bilateral knee total arthroplasty. Her low back pain radiates to the left with the left leg being worse. She has functional improvement with pain decreasing by 50%, and she can do housework, sit, stand, walk better and do light exercise. Her lumbar spine has spasm and restricted range of motion. She has a positive Straight leg raise on the left. There is thigh pain with numbness, and spasms are present on the right but Straight leg raise is to 90 degrees on the right. Treatment requested is for retro tens unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro tens unit purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, Page(s): 114, 121.

**Decision rationale:** The claimant sustained a work-related injury in May 2010 and continues to be treated for bilateral knee and low back pain. When seen, the claimant's BMI was 38. There was decreased and painful lumbar spine range of motion with right sided muscle spasms. Straight leg raising was positive and there was decreased lower extremity strength and sensation. A combination TENS/EMS unit rental for 6 months was requested on 03/03/15. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In this case, there is no documented home-based trial of a basic TENS unit. The requested unit purchase was not medically necessary.