

<b>Case Number:</b>	CM15-0171285		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	11/02/1999
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 68 year old male who sustained an industrial injury on 11-02-1999. A review of the medical records indicated that the injured worker is undergoing treatment for chronic back and leg pain. The injured worker is status post bilateral total knee replacement and gastric bypass (no date documented). According to the treating physician's progress report on 07-23-2015, the injured worker continues to experience low back pain radiating to the bilateral lower extremities rated as 8 out of 10 without medications and 7 out of 10 on the pain scale with medications. Evaluation noted an antalgic gait and a flat back posture. There was tenderness at the spinous, paraspinous, gluteal, piriformis, quadratus, posterior superior iliac spine and sciatic notch. Muscle tone of the lower extremities was within normal limits. Straight leg raise was positive causing pain in the lower extremities bilaterally. Patrick's was negative bilaterally. Range of motion of the lumbar spine was painful. Prior treatments have included diagnostic testing, acupuncture therapy, physical therapy, aqua therapy, transcutaneous electrical nerve stimulation unit, home exercise program, cane and medications. Current medications were listed as Duragesic Patch, Morphine Sulfate IR, Neurontin, Celebrex, Cymbalta, Wellbutrin, Protonix, Voltaren gel and Provigil. Treatment plan consists of the current request for transcutaneous electrical nerve stimulation (TEN's) unit. On 08-17-2015 the Utilization Review determined the request for transcutaneous electrical nerve stimulation unit was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical nerve stimulation (TENS) unit (infinite use): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, previous trial of benefit if any, nor is there any documented short-term or long-term goals of treatment with the TENS unit to support the request of its infinite use. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The Transcutaneous electrical nerve stimulation (TENS) unit (infinite use) is not medically necessary and appropriate.