

<b>Case Number:</b>	CM15-0177484		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/10/2003
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 57 year old male, who sustained an industrial injury on March 10, 2003. A review of the medical records indicates that the injured worker is undergoing treatment for status post 2 level cervical disk replacement March 2013, numbness and tingling of bilateral hands rule out carpal tunnel syndrome, chronic low back pain postlaminectomy syndrome with prior decompression at L2-L3 in December 2009, right knee compartmental osteoarthritis, and dyspepsia, reflux, and dysphagia. On July 13, 2015, the injured worker reported neck, back, and right knee pain. The Primary Treating Physician's report dated July 13, 2015, noted the injured worker had received greater than 50% relief with the Synvisc injection that lasted about 4 to 5 months, with the last injection done in December of the previous year. The injured worker was noted to request a repeat injection, and would need replacement pads for his TENS unit. The injured worker's current medications were listed as Nexium and Zanaflex, with a prescription for Toradol tablets from the primary care physician. The physical examination was noted to show crepitus on the bilateral knees, greater on the right, with a slight limp favoring the right knee. A MRO of the lumbar spine from May 30, 2014, was noted to show a small annular tear at L5-S1, a 3-4mm disc protrusion at L4-L5 with bilateral foraminal stenosis, a 2-3mm disc protrusion at L3-L4 with prior laminectomies at L2-L3 and L3-L4. X-rays of the knees from April 25, 2012, were noted to show tricompartmental osteoarthritis with moderate narrowing at the lateral compartment. The treatment plan was noted to include a month supplies of the injured worker's medications with a sample of Zipsor anti-inflammatory for acute flares of his pain, a set of 4 TENS unit pads, and request for authorization for a repeat Synvisc injection. The injured worker

was noted to be retired. On May 13, 2015, the injured worker was noted to continue to use his TENS unit on a daily basis for pain control, noted to be helping. On April 15, 2015, the injured worker's TENS unit was noted to continue to help him with his back pain. On March 18, 2015, the injured worker was noted to manage his symptoms with his TENS unit. On September 18, 2013, the injured worker was noted to report trying the TENS unit for 30 days, finding it to be beneficial, helping to alleviate his pain and discomfort while using it and not taking any narcotics, with the physician's request for authorization for purchase of a TENS unit as it would allow him to remain functional with "decreased pain without having to go on any strong narcotic medication." The Primary Treating Physician's request for authorization was noted to request a TENS (Transcutaneous Electrical Nerve Stimulation) unit pads set of 4 per 07/13/2015 order, quantity: 1. The Utilization Review (UR) dated August 14, 2015, denied authorization for a TENS (Transcutaneous Electrical Nerve Stimulation) unit pads set of 4 per 07/13/2015 order, quantity: 1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS (Transcutaneous Electrical Nerve Stimulation) unit pads set of 4 per 07/13/2015 order, quantity: 1:** 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:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of additional use was not specified and the claimant had been on TENS for several months. There was no mention of spasticity. The request for a TENS unit is not medically necessary.