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| <b>Case Number:</b>   | CM15-0068901 |                              |            |
| <b>Date Assigned:</b> | 04/16/2015   | <b>Date of Injury:</b>       | 05/19/2009 |
| <b>Decision Date:</b> | 05/15/2015   | <b>UR Denial Date:</b>       | 03/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/10/2015 |

### 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, 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 53 year old male, who sustained an industrial injury on 5/19/09. He reported a right knee injury. The injured worker was diagnosed as having internal derangement of bilateral knees, discogenic lumbar condition, discogenic cervical condition and anxiety, depression, sleep disorder and sexual dysfunction due to chronic pain. Treatment to date has included neck collar, back brace, knee braces, small TENS unit, physical therapy, home exercise program, and injections of Hyalgan to knees. Currently, the injured worker complains of neck, low back and bilateral knee pain. On physical exam, tenderness is noted along the joint line with weakness to resisted function and tenderness is noted along the medial and lateral sides of the patella. The treatment plan included custom braces for both knees, Hyalgan injections for both knees, (EMG) Electromyogram studies for upper and lower extremities, blood testing, x-ray of bilateral knees, and authorization of Nalfon, Effexor, Flexeril and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit with conductive garment for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it appears the patient currently has a tens unit, and it is unclear how often it is being used, what sort of pain relief was provided, and how much of objective functional improvement was obtained. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.