

<b>Case Number:</b>	CM15-0097154		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 45 year old female, who sustained an industrial injury on 01/10/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar myofascial pain and status post left knee replacement on 10/02/2014. Treatment and diagnostic studies to date has included chiropractic therapy, magnetic resonance imaging of the lumbar spine, home exercise program, multiple knee surgeries, medication regimen, and physical therapy. In a progress note dated 04/16/2015 the treating physician reports complaints of constant and intermittent low back pain. Examination reveals tenderness on palpation with increased tension to the bilateral upper buttock areas and pain with lumbar range of motion. The pain level is rated a 6 to 8 out of 10. Magnetic resonance imaging with the date unknown is noted by the treating physician to be unremarkable. The treating physician requested eight sessions of electrotherapy per the request of the injured worker noting that the electrotherapy is much stronger than a transcutaneous electrical nerve stimulation unit to assist with pain control and functionality. The medical records provided did not indicate any prior benefit from transcutaneous electrical nerve stimulation unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrotherapy left knee evaluate and treatment 8 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

**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, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. 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 Electrotherapy left knee evaluate and treatment 8 sessions is not medically necessary and appropriate.