

<b>Case Number:</b>	CM14-0141445		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/01/2002
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interverntional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 66 year old male with an injury date of 7/01/02. Based on the 7/24/14 progress report by [REDACTED] an undated EMG/nerve conduction studies showed "electrodiagnostic evidence of left superficial peroneal neuropathy, right superficial peroneal sensory diminished and below the normal limits of amplitudes indicating superficial peroneal mononeuropathy" with "bilateral plantar responses at the great toes" and "little toe response was present but diminished in amplitude indicative of neuropathy of the digital nerve." Exam of this patient revealed "thin fat pads" with "pain under the lateral sesamoids bilaterally." Work status: "Patient remains permanent and stationary at this time." Impressions, from the 7/24/14 exam, are:1. Superficial peroneal nerve entrapment, possibly where it pierces the fascia, left worse than the right. 2. Status post resection of the bilateral second and third web space neuromas and an area of nerve entrapment, October 2004.3. Early hallux rigidus with prominent bone of the great toes that may be compressing on the nerve out of the medial aspect of the great toe.4. Polyneuropathy as confirmed on EMG/nerve conduction studies.5. Mild overloading and neuritis/neuropathy of the plantar digital nerve to the great toe over the medial aspect bilaterally but worse on the right than the left.6. Sesamoiditis, medial aspect of the right great toe.The utilization review being challenged is dated 8/08/14. The request is for 1 TENS unit purchase with supplies. The requesting provider is [REDACTED] and she has provided various progress reports from 5/28/13 to 7/24/14.

### 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 Purchase with Supplies,:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-121.

**Decision rationale:** This patient presents with polyneuropathy, as confirmed on undated EMG/nerve conduction studies. The treater requests 1 TENS unit purchase with supplies. Per MTUS guidelines (pg. 116), TENS units have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a one-month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and Multiple Sclerosis. A one-month trial period of the TENS unit 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. While the 7/12/11 progress note by the treater to request "authorization for a 30-day rental for home use of a TENS unit for pain control for the right foot," no documentation has been provided indicating whether or not this patient was granted authorization for a one-month trial of the TENS unit. Additionally, no documentation has been provided indicating this patient's response to the TENS unit, in terms of pain relief and function, or how often it was used. The request is not medically necessary.