

<b>Case Number:</b>	CM13-0012987		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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:

The patient is a 48-year-old female who reported injury on February 7, 2012. The mechanism of injury was stated to be that the patient was sitting in a poor ergonomic chair over a period of time. The patient was noted to have surgery for both shoulders and carpal tunnel releases bilaterally. The patient's diagnosis was noted to be a sprain of the lumbar region. The request was made for a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase/Rental of a TENS unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Independent Medicine Examinations and Consultations, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115-116.

**Decision rationale:** California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other

appropriate pain modalities have been tried (including medication) and have failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Clinical documentation submitted for review failed to provide legible documentation and that appropriate pain modalities had been tried, including medications, and had failed. Additionally, there was a lack of legible documentation indicating whether this was for a purchase or for a rental as per California MTUS there is a recommendation for a one month trial. Given the above lack of legible documentation, the request for rental or purchase of a TENS unit is not medically necessary.