

<b>Case Number:</b>	CM13-0026419		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Occupational Medicine 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 has a date of injury of November 24, 2010. She had fallen and slipped on the stairs, landing on her back and hitting her ankle. She is on medications including Norco, nor flex, and Neurontin. She has had therapy, NSAIDs, pain medications, muscle relaxants, and game engine. The patient is also had epidural steroid injections and sacroiliac joint blocks. Patient's pain is radiating down her bilateral buttocks into both legs associated spasm of low back and limited range of motion. There is no documentation of a previous TENS unit trial including documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) months rental of Digital Transcutaneous Electrical Nerve Stimulation Unit (4 leads): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (trancutaneous electrical nerve stimulation) Pa.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** As this request pertains to the use of a TENS unit, the criteria for TENS in chronic pain guides was used. CA MTUS chronic pain guidelines on page 116 uses a criteria for

the use of a TENS unit. They include a one month trial period documenting the use including how often the unit was used, outcomes in terms of pain relief and function, and what medications were used. This request is asking for three month's rental. Whereas the test period for a TENS unit should be one month. Therefore, as this request exceeds the trial duration in the guidelines, the request is not medically necessary.

**Three (3) month supply of electrodes and batteries:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.