

<b>Case Number:</b>	CM13-0029145		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	07/18/2005
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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:

The injured worker is a 48-year-old male who reported an injury on 7/18/05. The mechanism of injury was lifting boxes. His symptoms included pain to the bilateral lower extremities and acroparesthesia, greater on the right than on the left. Physical examination was not provided in the medical records. The injured worker was diagnosed with thoracic or lumbosacral neuritis or radiculitis, unspecified. Past medical treatment included medications. Diagnostic studies included an EMG/nerve conduction study in September 2010.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT (PURCHASE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** According to the California MTUS Guidelines, 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. The criteria for the use of a TENS

unit include documentation of pain for at least three months duration, and evidence that other appropriate pain modalities have been tried and failed. Documentation of a one month trial period of the TENS unit with documentation of how often the unit was used as well as outcomes in terms of pain relief and function should be presented. The documentation submitted for review indicated that the patient continued to have difficulties after the failure of conservative treatment. However, the documentation failed to provide evidence of a one month trial period to include how often the unit was used as well as outcomes in terms of pain relief and function. Therefore, the request is not supported. The request is noncertified.