

<b>Case Number:</b>	CM13-0035510		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/04/1994
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 & Rehabilitation has a subspecialty in Pain Management 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:

This patient reported a date of injury of 11/4/94. A utilization review determination dated 9/25/13 recommends certification of a 1 month TENS unit rental and purchase of LSO back brace support. Non-certification was recommended for the remaining 5 month rental of the TENS unit. A utilization review of 10/30/13 references a 9/4/13 medical report that identifies objective examination findings including significant guarding and limitation of motion of the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 month TENS unit rental:** 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:** Regarding the request for 6 month TENS unit rental, it is noted that a 1-month TENS rental was certified while the remaining 5 months were non-certified in utilization review. California MTUS supports a 1-month rental of TENS is there is documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried

(including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit have been submitted. Within the documentation available for review, there is no documentation of any of the above. Additionally, a 6-month rental of the device is not supported by the California MTUS and there is no provision for modification of the request. In light of the above issues, the currently requested 6 month TENS unit rental is not medically necessary.