

<b>Case Number:</b>	CM13-0054499		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/05/2005
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Physical Medicine, 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 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 is a male patient with the date of injury of March 5, 2005. A utilization review determination dated November 12, 2013 recommends non-certification of purchase of a home TENS unit. The previous reviewing physician recommended non-certification of purchase of a home TENS unit due to lack of documentation of a treatment plan with specific long and short term goals and evidence of a previous trial of a TENS unit as documented including increased functionality and decreased use of medication. A PR-2 report dated October 2, 2013 identifies Subjective complaints of ankle doing bad and back pain. He noted that he had an excellent response to TENS unit. Objective findings identify lumbar AROM of the back is at 90 degrees flexion, 20 degrees extension, pain with extension at 5 degrees on the left side. Abnormal gait, Ankle continues to be tender in the deltoid region. Diagnoses include other testicular hypofunction, lumbago, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment Plan identifies the physical therapy report, which noted significant improvement, as well as a significantly positive response to the TENS unit. Recommend that the patient be given a 2 channel TENS unit for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase Of Home Transcutaneous Electrical Nerve Stimulator (TENS) Device:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

**Decision rationale:** Regarding the request for Purchase of home Transcutaneous Electrical Nerve Stimulator (TENS) device, Chronic Pain Medical Treatment Guidelines state that 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, it's noted that the patient had a "positive response" to TENS unit. However, there is no clear documentation of how often the unit was used, as well as outcomes in terms of pain relief and function, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested Purchase of home Transcutaneous Electrical Nerve Stimulator (TENS) device is not medically necessary.