

<b>Case Number:</b>	CM13-0064194		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant, a 54-year-old gentleman, sustained an injury to the neck, low back and shoulders on 05/05/10. The records provided for review indicate that the claimant underwent an L5-S1 lumbar decompression and fusion on 07/16/13. Follow up office visit on 11/07/13 documented evaluation for his multiple injuries including his recent lumbar fusion. Physical examination showed a well healed incision, restricted motion, spasm, and tenderness to the paravertebral muscles in both the cervical and lumbar spine with restricted flexion and extension. At that clinical visit, the claimant's left subacromial space of the shoulder was injected with a corticosteroid. This is a request for the use of a Tens unit to aid in the claimant's clinical course of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: TENS UNIT PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) / Transcutaneous Electrotherapy, Chronic Intra.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the purchase of a tens unit would not be indicated. The Chronic Pain Guidelines recommend the use of a Tens devices in the chronic pain setting as a form of treatment modality if a one month trial period is documented to show functional benefit. This individual has multiple musculoskeletal injuries as well as recent surgical processes. There is no indication of prior use of the above device in this individual. Therefore, based on guidelines and a review of the evidence, the request for TENS unit is not medically necessary.