MAXIMUS Federal Services

| Case Number: | CM13-0070218 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 08/14/2009 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

## 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 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 14, 2009.Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, opioid therapy, muscle relaxant and unspecified amounts of physical therapy. In a Utilization Review Report dated December 17, 2013, the claims administrator denied a request for an Empi TENS unit.On November 24, 2013, the applicant was described as reporting persistent complaints of low back pain, 8-9/10, radiating into left leg. The applicant stated that he was using a TENS unit to obtain some pain relief. This was not quantified, however. The applicant was using Medrol, Flexeril, and Norco, it was acknowledged. The applicant's work status was not furnished, although it did not appear that the applicant was working. Authorization for the Empi TENS unit was sought via preprinted form dated October 24, 2013, in which it was suggested that they had chronic pain issues which had proven recalcitrant to a variety of other treatments, including time, medications, physical therapy, etc.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMPI TENS UNIT/SUPPLIES (PURCHASE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTAENOUS ELECTRICAL NERVE STIMULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE TENS TOPIC Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of and/or ongoing usage of a TENS unit beyond the one-month trial should be predicated on evidence of a favorable outcome with said earlier one-month trial, in terms of pain relief and function. In this case, however, there has been no clearly documented evidence of a favorable outcome in terms of the earlier one-month trial of the TENS unit device in question. It does not appear that the applicant has effected any improvements in function as defined by the parameters established in MTUS 9792.20f. The applicant does not appear to be working. The applicant remains highly reliant and highly dependent on various medications, including Medrol, Norco, etc. The attending provider has not quantified the applicant's improvements in pain (if any) with ongoing usage of a TENS unit. Therefore, the request is not medically necessary.