MAXIMUS Federal Services

| Case Number: | CM14-0105059 | | |
|---|---|---|---|
| Date Assigned: | 07/30/2014 | Date of Injury: | 03/26/2014 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/03/2014 |
| Priority: | Standard | Application Received: | 07/08/2014 |

## 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 injured worker is a male with date of injury 3/26/2014. Per a neurological initial consultation dated 4/24/2013, the injured worker complains of light sensitivity with headaches every day behind his eyes and temples. He treats his headaches with Ibuprofen. He also complains of lapses of memory, trouble finishing tasks, and trouble multitasking. He reports being irritable with a short fuse and has some personality change. On examination he is able to remember one of three objects after five minutes, remembering [redacted] of 1600 [redacted]. He has bilateral temporomandibular joint tenderness, left greater than right. Diagnoses include 1) close head injury with concussion 2) post-concussion syndrome 3) bilateral temporomandibular joint syndrome secondary to jaw lash.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**6 month rental of Transcutaneous Electrical Nerve Stimulation (TENS) unit for home use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based in certain conditions. The injured worker does not meet the medical conditions that are listed by the guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality, which is not supported by the guidelines. The criteria for the use of TENS specified by the guidelines are not supported by the clinical reports. Specifically, there should be documentation of pain of at least three months duration, and the injured worker has been identified as having an acute exacerbation. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. These criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The request for a 6 month rental of Transcutaneous Electrical Nerve Stimulation (TENS) unit for home use is not medically necessary.