

<b>Case Number:</b>	CM14-0147664		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/29/2010
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Internal 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 (IW) is a 47-year-old woman with a date of injury of November 8, 2010. The mechanism of injury is not documented in the medical record. Pursuant to the sole progress note in the medical record dated April 22, 2014, the IW complains of constant neck pain rated 6-7/10, more with certain neck movements. She has thoracic and lumbar spine pain rated 8/10. She states that medications are not helping with the pain. Objective physical findings revealed + triggers in the lumbar spine. Lower extremity 4/5, gait is limited as the IW is in a wheelchair due to low back pain and radiation to bilateral legs. The IW has been diagnosed with cervicalgia, lumbago, and unspecified thoracic/lumbar neuritis. Medications are not documented. The plan states that the IW wants to see QME: [REDACTED] again. There is no current progress notes indicating why the IW is in need of a TENS unit. There are no functional improvement objective findings documented. The Peer Review summary of records dated August 25, 2014 indicated that the IW has been using a TENS unit at home, but needs a replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for home use:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

**Decision rationale:** Pursuant to the Official Disability Guidelines, TENS unit for home use is not medically necessary. Tens is not recommended as an isolated intervention, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration including reductions in medication use. See ODG for criteria for TENS use. In this case, there is no documentation to support the use of a TENS unit. There is a single progress note dated April 22, 2014. It discusses the cervical thoracic and lumbar spine for follow-up the injured party has constant pain to the neck, more pain with certain movements, constant pain thoracic and lumbar spine, intermittent shooting pain to the likes of greater than right, numbness of hands bilaterally a very cursory physical examination was present and under the plan the patient wants to see a [REDACTED], and recommend MRI. There was no discussion of the TENS unit, rationale for TENS unit, or indication for a TENS unit. Additionally, the injured worker, according to the utilization review physician's summary, is a 47-year-old female date of injury November 8, 2010. The injured worker has problems with sleep and is dependent on fentanyl. The request does not specify whether this is a one month rental or purchase. A one month trial is indicated; however the medical documentation does not reflect that. Consequently, TENS unit for home use is not medically necessary.