

<b>Case Number:</b>	CM14-0152338		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/20/1998
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Physical Medicine and Rehabilitation, 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:

The patient is a 70-year-old with date of injury of November 20, 1998. According to this report, the patient complains of chronic pain in his lumbar spine which radiates to the bilateral legs. He also complains of chronic bilateral wrist and chronic right shoulder pain. The patient has completed all recommended physical therapy and has now transitioned into a home exercise program, which he performs daily very diligently. The patient rates his neck pain 6/10 to 7/10, back pain 9/10. The treater did not perform a physical examination for this report. The utilization review denied the request on September 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The purchase of a transcutaneous electrical nerve stimulation (TENS) unit with electrodes for the right upper extremity, neck, right wrist, and low back:** 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 Chronic Pain Medical Treatment Guidelines MTUS Guidelines page on TENS unit Page(s): 114 to 116.

**Decision rationale:** This patient presents with chronic lumbar spine pain that radiates to the bilateral legs, chronic bilateral wrist pain and chronic right shoulder pain. The treater is

requesting a TENS unit with electrodes for the right upper extremity, neck, right wrist, and low back. The Chronic Pain Medical Treatment Guidelines states that it is not recommended as a primary treatment modality, but a 1-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. The records do not show that the patient has trialed a TENS unit in the past. In this case, MTUS requires a trial of a TENS unit to determine its efficacy in terms of functional improvement and pain reduction. Therefore, the request for the purchase of a TENS unit with electrodes for the right upper extremity, neck, right wrist, and low back is not medically necessary or appropriate.