

<b>Case Number:</b>	CM14-0170039		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	07/03/2007
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 & Rehabilitation 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:

This is a 57-year-old female with a 7/3/07 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/16/14, the patient reported low back pain that radiated down the right lower extremity rated as 6/10 in intensity with medications and 9/10 without medications. The patient stated that the use of a transcutaneous electrical nerve stimulation (TENS) unit, current medications, and pool therapy have been very helpful and allow her to decrease medications, decrease pain, and increase her level of function. Objective findings: tenderness to palpation in spinal vertebral area L4-S1 levels, limited range of motion of lumbar spine, tenderness to palpation at bilateral knees. Diagnostic impression: lumbar facet arthropathy, lumbar radiculitis, left knee pain, right-sided trochanteric bursitis, chronic pain. Treatment to date: medication management, activity modification, TENS unit, epidural steroidal injection (ESI). A UR decision dated 10/6/14 denied the request for TENS unit supplies. The claimant was previously approved for an eight month supply on 3/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical nerve stimulation (TENS) Unit Supplies (Months) qty: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic)

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment during the trial period including medication. However, in the present case, according to the UR decision dated 10/6/14, a request for an 8 month supply of TENS unit supplies was certified on 3/13/14. There was no rationale provided as to why the patient would require additional supplies at this time. Therefore, the request for TENS unit supplies (months) qty: 6 is not medically necessary.