

<b>Case Number:</b>	CM14-0031589		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/30/2003
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Texas. 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 61 year old female who reported an injury to her low back on 1/30/2003. The clinical note dated 02/20/14 indicates the injured worker being recommended for the utilization of a TENS unit. The injured worker was recommended for 3 months' worth of supplies as well. The clinical note dated 04/16/14 indicates the injured worker having undergone a urine drug screen. The note indicates the injured worker utilizing Hydrocodone and Tramadol for pain relief. The utilization review dated 02/19/14 resulted in a denial for 3 months' worth of unit supplies as the use of a transcutaneous electrical nerve stimulation (TENS) unit was not recommended as a primary treatment modality. No information had been submitted regarding the injured worker's previous response to a 1 month trial of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Three (3) months of TENS unit supplies, Batteries 36:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Pages 114-7 Page(s): 114-7.

**Decision rationale:** The documentation indicates the injured worker complaining of low back pain. The use of a TENS unit is indicated for injured workers who have shown a positive response following a 1 month trial of a TENS unit and ongoing therapeutic indications identified along with the injured worker's ongoing functional deficits. No information had been submitted regarding the injured worker's completion of a 1 month course of a TENS unit. Additionally, no information was submitted regarding the injured worker's ongoing use of additional therapeutic modalities to include conservative treatments as well as the use of a TENS unit. Furthermore, no information was submitted regarding the injured worker's ongoing functional deficits. Given these factors, the request is not indicated as medically necessary.

**purchase of Three (3) months of TENS unit supplies, electrodes X 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Pages 114-7.

**Decision rationale:** Given that no information was submitted confirming a positive response to a one-month trial of a TENS unit, the request for supplies is not indicated as medically necessary.

**Purchase of three (3) months of TENS unit supplies, Adhesive Remover Wipes X 48: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Pages 114-7 Page(s): 114-7.

**Decision rationale:** Given that no information was submitted confirming a positive response to a one-month trial of a TENS unit, the request for supplies is not indicated as medically necessary.

**purchase of three (3) months TENS unit supplies lead wires X 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Pages 114-7 Page(s): 114-7.

**Decision rationale:** Given that no information was submitted confirming a positive response to a one-month trial of a TENS unit, the request for supplies is not indicated as medically necessary.

**Purchase of three (3) months of TENS unit supplies and shipping:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Pages 114-7 Page(s): 114-7.

**Decision rationale:** Given that no information was submitted confirming a positive response to a one-month trial of a TENS unit, the request for supplies is not indicated as medically necessary.