

<b>Case Number:</b>	CM14-0033618		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/17/2000
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 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 61-year-old male who reported an injury on 04/17/2000. The DWC Form RFA (Request for Authorization) dated 02/19/2014 was for a Transcutaneous Electrical Nerve Stimulation (TENS) unit and reusable electrodes to be replaced every 2 months and rechargeable 9 volt battery. The mechanism of injury was not provided. The documentation of 02/19/2014 revealed the injured worker had back pain. The diagnosis was lumbar sprain/strain, lumbar DDD, and lumbar radiculopathy. The treatment plan included a replenishment of the Transcutaneous Electrical Nerve Stimulation (TENS) electrodes and rechargeable battery for the TENS unit as the injured worker was utilizing the TENS unit daily due to the fact he had not received any medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar TENS Unit replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), TENS (transcutaneous Electrical nerve Stimulation).

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

**Decision rationale:** The California MTUS Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. The clinical documentation submitted for review indicated the request was for TENS electrodes and a rechargeable battery. They did not indicate there was a necessity for a TENS unit. However, the request as submitted was for a TENS unit replacement. There was a lack of documentation of objective functional benefit and pain relief that was received from the lumbar TENS unit. The request, as submitted failed to indicate whether the replacement was for purchase or rental. Given the above, the request for Lumbar TENS Unit replacement is not medically necessary.

**Electrodes for TENS unit (4x6):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), TENS (transcutaneous Electrical nerve Stimulation).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the request for the TENS unit was found to be not medically necessary, the request for Electrodes for TENS unit (4x6) is not medically necessary.