

<b>Case Number:</b>	CM14-0039272		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 50 year-old male. The patient's date of injury is 2/5/2013. The mechanism of injury was the patient being struck by a piece of plywood. The patient has been diagnosed with status post (s/p) closed head injury, cervical sprain/strain disc disorder with C5 sensory radiculitis, post head trauma headaches, lumbar strain, and wrist contusion. The patient's treatments have included Chiropractic Therapy, imaging studies, and medications. The physical exam findings, dated 1/16/2014 show myospasms of the cervical, lumbar and thoracic area along with tenderness to palpation, His straight leg test was noted to be positive at L5-S1. The patient's medications have included, but are not limited to, Tramadol, Topamax, LidoPro lotion, Terocin patches, Neurontin and Naproxen. The request is for a TENS (transcutaneous electrical nerve stimulation) unit rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Tens Unit Rental:** 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 TENS (transcutaneous electrical nerve stimulation) Page(s): 113-115.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS (transcutaneous electrical nerve stimulation) unit. MTUS guidelines state the following: not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and complex regional pain syndrome (CRPS), phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. According to the clinical documents, the patient does not meet the criteria as noted above. According to the clinical documentation provided and current MTUS guidelines; a TENS unit is not indicated as a medical necessity to the patient at this time.