

<b>Case Number:</b>	CM14-0041376		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, mid back, neck, and ankle pain reportedly associated with an industrial injury of June 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxant; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and work restrictions. In a Utilization Review Report dated March 18, 2014, the claims administrator denied a request for a TENS unit. The applicant's attorney subsequently appealed. In a February 3, 2014 progress note, the applicant was given a rather proscriptive 5 pound lifting limitation. Acupuncture, NSAIDs, muscle relaxants, physical therapy, and a TENS unit were sought. It did not appear that the applicant was working with a rather proscriptive 5-pound lifting limitation in place; it was stated in one section of the report, while another section of the report stated that the applicant returned to work in December 2013. The applicant reported overall 6/10 low back pain. The applicant was obese, with a BMI of 30, and did exhibit an antalgic gait. The applicant underwent a shoulder corticosteroid injection in the clinic. Additional acupuncture and a TENS unit were sought. The applicant stated that the applicant had used the TENS unit modality and physical therapy and that this should be considered tantamount to a home-based trial of the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (Transcutaneous Electrical nerve stimulation) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond a one-month trial should be predicated on a favorable outcome through prior one-month trial of the same. In this case, however, there was no evidence that the applicant had had a successful one-month trial of a TENS unit before authorization to purchase the device was initiated. The attending provider seemingly based the request for a device purchase on the fact that the applicant had tried the TENS unit modality in a physical therapy clinic. However, there was no evidence that the physical therapy based trial of a TENS unit was in fact successful. The applicant had seemingly failed to return to work. The applicant continued to have persistent complaints of pain. The applicant continued to remain reliant on other forms of medical treatment, including NSAIDs, muscle relaxants, and acupuncture. All of the above, taken together, constitute a lack of functional improvement as defined in MTUS 9792.20f despite an earlier trial of the TENS unit during physical therapy. Therefore, the TENS (Transcutaneous Electrical Nerve Stimulation) unit is not medically necessary.