

<b>Case Number:</b>	CM14-0043185		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/07/2013
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Practice, 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 32-year-old female claimant who sustained a work injury on April 7, 2013 involving the neck, low back and upper extremities. She was diagnosed with left elbow, shoulder, and biceps strain as well as lumbar strain. X-rays of her spine showed cervical lordosis and normal findings in the thoracic and lumbar spine. She had undergone physical therapy and had used oral analgesics for pain control. In April 2014, a request was made for a 1 year extended rental of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extended rental of Neurostimulator TENS/EMS x 12 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In

this case, the claimant did not have the above diagnoses. The length of use was exceeds the recommended 1 month trial period. The request for a 12-month TENS unit rental is not medically necessary.