

<b>Case Number:</b>	CM14-0057669		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 01/23/2014 due to a fall. On 03/24/2014 the injured worker presented with limitations with all ADLs due to pain with movement. He reportedly wakes every 2 hours from pain. Upon examination the injured worker had improved strength and improvement in range of motion. The diagnosis and prior treatments were not provided. The provider recommended a four lead TENS unit for home use. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A four lead TENS Unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter.

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

**Decision rationale:** The request for a four lead TENS unit for home use is not medically necessary. The California MTUS Guidelines do not recommend the TENS unit as a primary treatment modality. A 1 month home based test trial may be considered as a noninvasive

conservative option, if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive, the published trials do not provide information on the stimulation parameters, which are mostly needed to provide optimum pain relief, nor did they answer questions about long term effectiveness. There is a lack of documentation indicating significant deficits upon physical examination. The efficacy of the injured worker's courses of conservative care was not provided. It was unclear if the injured worker underwent an adequate TENS trial, and the request was not clear as to if the injured worker needed to rent or purchase a TENS unit. Additionally, the site that the TENS unit was intended for was not indicated in the request as submitted. As such, the request is not medically necessary.