

<b>Case Number:</b>	CM14-0057695		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/02/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/08/2014
<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 Occupational Medicine, has a subspecialty in 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 51-year-old female with a 8/2/10 date of injury. The mechanism of injury was when she was working as a flight attendant. She incurred a work-related injury to her neck, back, head, and right ear while she was putting carts in the back galley when bad turbulence hit. According to a 3/25/14 progress report, the patient complained of increasing symptoms of neck and low back pain. She is still working and not on restriction. The objective findings were handwritten and illegible. Diagnostic impression: persistent cervical and low back pain. Treatment to date: medication management, activity modification, physical therapy, ESIA UR decision dated 4/8/14 denied the request for Purchase of Transcutaneous Electrical Nerve Stimulator (TENS) Unit 4 lead with accessories and one lifetime supply of electrodes. There has been an implication that the patient already has an existing TENS unit. A clear rationale for requesting the purchase of another TENS unit was not provided. Furthermore, her objective functional gains from the use of the said DME were not documented. The specific short and long term goals with the use of this DME were also not provided. Finally, a statement to justify the choice of a four-lead unit over the recommended two-lead unit was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Transcutaneous Electrical Nerve Stimulator (TENS) Unit 4 lead with accessories:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines TENS Unit.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. There was no documentation in the reports reviewed addressing any failure of conservative therapy. There was no documentation of the specific short- and long-term goals with the use of the TENS unit. In addition, this is a request for the purchase of a TENS unit. There is no documentation that the patient has had a TENS trial. In order for the purchase of a TENS unit to be considered, there must be clear documentation of significant improvement such as a decrease in medication use. Furthermore, a specific rationale to justify the choice of a 4-lead unit over the recommended 2-lead unit was not provided. Therefore, the request for Purchase of Transcutaneous Electrical Nerve Stimulator (TENS) Unit 4 lead with accessories was not medically necessary.

**One lifetime supply of Electrodes:** 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 Page(s): 114-116.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.