

<b>Case Number:</b>	CM14-0066772		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 General Surgery and is licensed to practice in Texas. 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 62 year old female with a reported date of injury on January 10, 2003. The mechanism of injury is described as the chair she was sitting in slipped and she fell to the floor. She landed on her coccyx and struck her head and back on a nearby space heater and rendered unconscious. She has had various treatments over time. The 5/6/14 note from a treating physician refers the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. She has multiple comorbidities including diabetes, coronary artery disease and obesity. The request is for TENS unit rental or purchase unspecified. The previous review modified the request to allow for 30 day rental in order to document use and objectify benefit as to relief of symptoms if any. The office note of 5/6/14 by treating physician refers to the claimant as "using the TENS machine". There are no subsequent notes to the efficacy of the TENS unit if any.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit, rental or purchase unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS.

**Decision rationale:** There is documentation as to the claimant using the TENS. However there are no subsequent notes evaluating or documenting any benefit from the use of TENS. Therefore no further use either through rental or purchase is warranted. Therefore the request for further use is not medically necessary.