

<b>Case Number:</b>	CM14-0079988		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/10/1999
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 51-year-old female who was reportedly injured on February 10, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 17, 2014, indicates that there are ongoing complaints of low back pain radiating to the left leg as well as neck pain radiating to the shoulders. The physical examination demonstrated tenderness along the cervical spine and decreased cervical spine range of motion. Regarding the lumbar spine there was a positive straight leg raise test bilaterally and decreased sensation at the lateral aspect of the left leg and all of the toes on the left foot. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes the use of a tens unit that reduce the pain level from 8-9/10 to 6-7/10. A request had been made for a transcutaneous electrical nerve stimulation unit for purchase and all supplies included batteries, electrodes, etc for home use for 6 months for the cervical and lumbar spine, as an outpatient and was not certified in the pre-authorization process on May 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Transcutaneous Electrical Nerve Stimulation (TENS) Unit purchase and all supplies included batteries, electrodes, etc. for home use for 6 months for the cervical and lumbar spine, as an outpatient.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 - 116.

**Decision rationale:** A review of the medical record indicates that there has been previous TENS usage there is no documentation regarding if this was a one month trial period or how long the trial period there was. Additionally there is no documentation and other appropriate pain modalities including medications have been tried and failed. For these reasons this request for purchase of a transcutaneous electrical nerve stimulation unit and all supplies included batteries, electrodes, etc. for home use for 6 months for the cervical and lumbar spine, as an outpatient is not medically necessary.