

<b>Case Number:</b>	CM13-0012554		
<b>Date Assigned:</b>	09/18/2013	<b>Date of Injury:</b>	07/18/2009
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 18, 2009. In a Utilization Review Report dated August 12, 2013, the claims administrator failed to approve request for TENS unit. The applicant's attorney subsequently appealed. On April 8, 2013, the applicant reported persistent complaints of low back and bilateral knee pain. Physical therapy, MRI imaging of lumbar spine, electrodiagnostic testing of bilateral lower extremities, and TENS unit were endorsed. Naproxen, Prilosec, Zofran, Flexeril, and Medrox ointment were also proposed while the applicant was returned to regular duty work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT (PURCHASE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 116 of 127.

**Decision rationale:** No, the proposed TENS unit purchase was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, in terms of both pain relief and function. Here, however, the attending provider seemingly sought authorization to purchase the device without having the applicant first undergo successful one-month trial of the same. Therefore, the request was not medically necessary.