

<b>Case Number:</b>	CM13-0021230		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	05/10/1989
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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. The expert reviewer is Board Certified in Family Practice 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 82 year old injured worker (IW) sustained a work injury 05/10/1989. The injury was sustained when she was struck in the head by an object, lost her balance and fell. A physician report on 06/11/2013 notes the IW had complaints of low back pain with moderately reduced range of motion and pain in the lumbar spine. A diagnosis of cervical and lumbosacral spondylosis and sciatica was made and a TENS unit ordered based on a history of successful use of a TENS in lieu of pain medications in the past. No other documentation of dates of use, diagnostic testing, other therapies or medication use was provided. A request was submitted for a one year refill supply of TENS units electrodes. On 08/28/2013 the utilization review non-certified the request citing CA MTUS Chronic Pain Medical Guidelines 2010 p114 that state there is no high grade scientific evidence to support the use of electrical stimulation as a stand-alone treatment for chronic pain, and the lack of documentation of conservative therapy or trial of TENS in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REFILL OF TENS UNIT ELECTRODES WITH 1 YEAR SUPPLY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: TENS-TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. A TENS unit was not necessary. Therefore, the request for a 1 year supply of TENS unit electrodes is not medically necessary.