

<b>Case Number:</b>	CM14-0198429		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehabilitation 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:

The underlying date of injury in this case is 07/18/2012. The date of the utilization review under appeal is 11/19/2014. On 06/16/2014, the patient was admitted to a functional restoration program with a history that she had been injured in 2001 when she was lifting a case of water bottles to put on a water holder, and subsequently she developed pain in her low back and her left leg. During the patient's stay in the functional restoration program, Physical Therapy recommended a TENS unit trial in an effort to reduce the patient's medications, particularly given that a urine drug screen was positive for THC.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMPI TENS Unit Trial x 2 Months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), Page(s): 114-116.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on TENS, page 114, states that TENS may be indicated as part of an overall functional restorative program for patients with neuropathic pain diagnoses.

This guideline recommends a 1-month home-based TENS trial prior to purchase. Neither the records nor the guidelines provide a rationale for a 2-month trial, rather than a 1-month trial which is recommended in the treatment guidelines. Thus, for the duration requested, the current treatment request is not medically necessary.