

<b>Case Number:</b>	CM15-0163676		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 56-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 21, 2011. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for a TENS unit. An order form dated June 26, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On said progress note of June 26, 2015, the applicant reported ongoing complaints of ankle, foot, and myofascial pain syndrome with derivative psychological issues including "poor coping" skills. The applicant was using a cane to move about. The applicant's TENS unit was not working; it was reported in one section of the note. A replacement TENS unit for home use purposes was endorsed in conjunction with topical LidoPro ointment. The applicant's work status was not explicitly detailed, although the applicant did not appear to be working. On August 21, 2015, it was acknowledged that the applicant was receiving Workers' Compensation indemnity benefits, the treating provider writing: "he is on Workers' Comp."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective TENS unit for purchase (DOS: 6/26/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS; Physical Medicine Page(s): 116; 98.

**Decision rationale:** No, the request for a TENS unit apparently prescribed and/or dispensed on June 26, 2015 was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of beneficial outcomes present in terms of both pain relief and function. Here, however, the applicant was not working; it was suggested on August 21, 2015. On June 26, 2015, it was acknowledged that the applicant remained dependent on topical compounds such as LidoPro, despite concomitant usage of the TENS unit. The applicant was still having difficulty performing activities as basic as standing and walking and was apparently using a cane to move about; it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, however, the attending provider seemingly sought authorization for 3-4 different passive modalities on the same progress note of June 26, 2015, namely a TENS unit, topical LidoPro ointment, a paraffin device, and a heating pad. Provision of the TENS unit, thus, was at odds with both pages 98 and 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.