

<b>Case Number:</b>	CM15-0166138		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 9, 2013. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for a TENS unit purchase. The claims administrator referenced an RFA form received on July 24, 2015 in its determination. The applicant's attorney subsequently appealed. On July 23, 2015, the applicant received an in-clinic TENS unit trial. 6/10 pain before the trial was reported versus 5/10 without the trial. A TENS unit was dispensed in the clinic while the applicant was asked to continue LidoPro and gabapentin. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Transcutaneous Electrical Nerve Stimulator Unit for Purchase, DOS:  
 7/23/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**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, provision of a TENS unit on a purchase basis should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, with evidence of beneficial effects present in terms of both pain relief and function. Here, however, the attending provider seemingly dispensed the device in question after having the applicant undergo a one-time, in-office trial of said TENS unit. It did not appear that the applicant had undergone the requisite one-month home-based trial of the device before the article in question was dispensed. Therefore, the request was not medically necessary.