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| <b>Case Number:</b>   | CM15-0185003 |                              |            |
| <b>Date Assigned:</b> | 09/25/2015   | <b>Date of Injury:</b>       | 03/16/2013 |
| <b>Decision Date:</b> | 11/06/2015   | <b>UR Denial Date:</b>       | 09/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/21/2015 |

### 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 30-year-old who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of March 16, 2013. In a Utilization Review report dated September 7, 2015, the claims administrator failed to approve a request for a TENS unit-3 month rental. A July 21, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said July 21, 2015 office visit, the applicant was apparently declared permanent and stationary. Multifocal complaints of low back and bilateral shoulder pain were noted. The applicant had not returned to work, it was acknowledged, seemingly on the grounds that the employer was unable to accommodate previously suggested limitations. Permanent restrictions were imposed. There was no explicit mention of the need for a TENS unit. The applicant's medication list was not seemingly detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit 3 month rental:** 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 request for a TENS unit-3 month rental was not medically necessary, medically appropriate, or indicated here. While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does support a one-month trial of a TENS unit as an adjunct to a functional restoration approach in applicants with chronic intractable pain of greater than three months duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. Here, however, the July 21, 2015 office visit at issue made no mention of the applicant's having tried and/or failed analgesic or adjuvant medications prior to introduction of the TENS unit at issue. The three-month trial rental for the same, moreover, represented treatment in excess of the one-month trial rental recommended on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's July 21, 2015 progress note contained little in the way of narrative commentary or narrative support for the request for the TENS unit. Therefore, the request was not medically necessary.