

<b>Case Number:</b>	CM15-0188585		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 low back pain (LBP) reportedly associated with an industrial injury of July 1, 2011. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve a request for a 4-lead TENS unit. The claims administrator referenced a progress note dated and an associated RFA form of August 4, 2015 in its determination. The applicant's attorney subsequently appealed. On August 4, 2015, the applicant reported ongoing complaints of mid and low back pain. Work restrictions and physical therapy were endorsed. The applicant was given a 20-pound lifting limitation. It was suggested (but not clearly stated) that the applicant was working at a rate of 8 hours a day with said limitation in place. On an associated work status report dated August 4, 2015, the treating provider sought authorization for a TENS unit. Little to no narrative commentary accompanied the request for the TENS unit in question. There was no mention of the applicant's having previously employed the TENS unit in question on a trial basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** 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 [purchase], is 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 beneficial outcomes present in terms of both pain relief and function. Here, however, the attending provider's August 4, 2015 office visit and associated RFA form of the same date made no mention of the applicant's having previously employed the TENS unit at issue on a trial basis before the request to purchase the same was initiated. Therefore, the request is not medically necessary.