

<b>Case Number:</b>	CM15-0196109		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/28/2002
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 55 year old female who sustained an industrial injury 02-28-02. A review of the medical records reveals the injured worker is undergoing treatment for lumbar disc displacement. Medical records (09-16-15) reveal the injured worker complains of chronic neck, head, low back, bilateral shoulders, knee, and hip pain. Her pain is rated at 6/10, reportedly rated at 8/10 before physical therapy. The physical exam (09-16-15) reveals diminished lumbar spine range of motion, as well as paravertebral and trapezius muscle tenderness with hypertonicity. Palpable muscle bands were noted in the trapezius muscles. Prior treatment includes 6 sessions of acupuncture, 9 sessions of physical therapy, an epidural steroid injection, and medications. The original utilization review (10-02-15) on certified the request for a TENS unit. There is no documentation that the injured worker has undergone a TENS trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (Transcutaneous Electrical Nerve Stimulation) unit:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant does have hypertonicity but not spasticity due to a cord injury. The length of use was not specified. The request for a TENS unit is not medically necessary.