

<b>Case Number:</b>	CM15-0196513		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/15/2015
<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: Indiana, Michigan, 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 28 year old female who experienced a work related injury on February 27, 2013. Diagnoses include myofascial pain syndrome, lumbar radiculopathy, lumbar strain, myalgia and myositis. Diagnostics have involved an MRI of the lumbosacral spine in February of 2013 showing nerve impingement and a lumbar spine MRI completed on March 26, 2015 consistent with disc desiccation and central disc extrusion with central canal narrowing. Treatment has incorporated medications, lumbosacral ultrasound guided injection, back bracing, chiropractic care, acupuncture and physical therapy. Request is for TENS pads times two.

### 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), pads times 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Guidelines regarding the use of transcutaneous electrotherapy for chronic pain are relatively specific. Requirements include documentation of pain for at least three months, evidence that other treatment modalities have been tried and failed, submission of short and long term treatment goals and documentation of a one month trial period of the TENS unit as an adjunct to ongoing treatment modalities within a functional restoration approach. Chart review does document adequate pain duration and reveals that other appropriate pain modalities have been tried with at least implications that failure of these modalities has occurred. There is however no evidence of a one month TENS unit trial and no information indicating specific short and long-term goals with the TENS unit. Therefore, the request for TENS pads times 2 are not supported by MTUS Guidelines. Therefore, the request is not medically necessary.