

<b>Case Number:</b>	CM15-0200192		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 61-year-old female, who sustained an industrial injury on 7-25-14. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar sprain, left knee pain and bilateral hip pain. Subjective findings (3-9-15, 4-20-15, 6-15-15, 8-3-15) indicated 7-8 out of 10 pain that is constant in the back, left hip and left knee. Objective findings (3-9-15, 4-20-15, 6-15-15, 8-3-15) revealed normal range of motion in the bilateral hips, tenderness over the greater trochanteric bursa and intact sensation to light touch and pin-prick in all dermatomes in the bilateral lower extremities. There is decreased lumbar flexion, extension, and tenderness in the lumbar area. As of the PR2 dated 9-14-15, the injured worker reports low back pain. She rates her pain 7 out of 10 and is working modified duty. Objective findings include the iliac crest on the right side is higher than the left. There is no neurological examination. Treatment to date has included an EMG-NCS on 12-16-14 with normal results, physical therapy x 6 sessions, a TENS unit (since at least 4-20-15), Aleve, Pennsaid and Cymbalta. The Utilization Review dated 10-9-15, non-certified the request for monthly TENS supplies for lifetime (electrodes 8 pairs per month and AAA batteries 6 per month).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly TENS supplies for lifetime (electrodes 8 pairs per month and AAA batteries 6 per month): 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:** 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 did not have the above diagnoses. The length of use exceeds a 1-month trial. The request for continuation of a TENS unit with supplies is not medically necessary.