

<b>Case Number:</b>	CM15-0205462		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker was a 57 year old female, who sustained an industrial injury, November 30, 2010. The injured worker was undergoing treatment for chronic left elbow sprain with medial and lateral epicondylitis and olecranon bursitis, chronic left wrist sprain and chronic left hip sprain. According to progress note of September 1, 2015, the injured worker's chief complaint was pain in the left elbow, left elbow, left wrist and left hip. The physical exam noted left wrist tenderness. There was left lateral epicondylar tenderness without medial and lateral epicondylar tenderness. There was left trochanteric tenderness and right sacroiliac tenderness. The injured worker previously received the following treatments physical therapy, Lidoderm Patches, MS Contin, Norco and Diazepam. The RFA (request for authorization) dated September 1, 2015, the following treatments were requested TENS (transcutaneous electrical nerve stimulator) unit for indefinite use. The UR (utilization review board) denied certification on October 16, 2015, for the TENS (transcutaneous electrical nerve stimulator) unit for indefinite use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit (indefinite use) Qty: 1.00: 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): Electrical stimulators (E-stim).

**Decision rationale:** Guidelines do not support TENS as a primary treatment modality and reserves its use for one month home based trial in patients with an adjunct program of functional restoration. In this case, there are no documented indications for purchase of a TENS unit. The request for a TENS unit for home use (lumbar spine) is not medically appropriate and necessary.