

<b>Case Number:</b>	CM15-0021552		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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 60-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 8, 2011. The claims administrator failed to approve requests for electrodes for a TENS unit via a Utilization Review report dated January 26, 2015. The applicant's attorney subsequently appealed. In a progress note dated January 14, 2015, a 15-pound lifting limitation was endorsed. The applicant was asked to continue usage of conservative modalities. Shoulder and knee MRI imaging were endorsed. The applicant was asked to continue using a TENS unit. 7/10 pain complaints were reported. The applicant's complete medication list was not detailed. LidoPro and a TENS unit compounds were dispensed. It was not clearly stated whether the applicant was or was not working with said limitations in place. In an earlier note dated September 29, 2014, the attending provider suggested that the applicant's low back pain complaints were relatively well controlled through home exercises, self management, and TENS unit treatment. It was suggested that the applicant was working at a rate of 32 hours a week, on this occasion. In a comprehensive consultation dated November 31, 2014, the applicant transferred care to a new primary treating provider. The applicant stated that he had, in fact, returned to work despite multifocal complaints of low back, knee, and shoulder pain with depression and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Tens Electrodes x2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** Yes, the two TENS unit patches were medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and, by implication, provision of associated supplies beyond an initial one-month trial should be predicated on evidence of unfavorable outcome during said one-month trial, in terms of both pain relief and function. Here, the applicant has apparently returned to work at a rate of 30+ hours per week. The applicant has apparently ceased consumption of analgesic medications, the treating provider posited on several occasions, referenced above. Usage of a TENS unit, on balance, has generated both analgesia and functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request is medically necessary.