

<b>Case Number:</b>	CM15-0023274		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	10/03/2003
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 69 year old male injured worker suffered and industrial injury on 10/3/2003. The diagnostic studies were magnetic resonance imaging of the lumbar spine and electromyography. The treatments were medications, physical therapy, acupuncture, epidural steroid injections, laminectomy 11/10/2014. The treating provider reported intermittent radiculopathy 2 to 3 hours a day. The injured worker had been doing swimming on his own. The request was to replace the injured workers old TENS unit. The Utilization Review Determination on 1/12/2015 non-certified TENS unit purchase, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), p114 Page(s): 114.

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for chronic radicular symptoms. He has used TENS in the past with apparent benefit. Being requested is a replacement unit. Although not recommended as a primary treatment modality, TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In this case, the claimant has already used TENS with benefit. Therefore, the requested replacement TENS unit is medically necessary.