

<b>Case Number:</b>	CM15-0034198		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	12/30/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old female who sustained an industrial fall injury on December 30, 2014. The injured worker was diagnosed with lumbar sprain/strain, cervical sprain/strain and concussion. According to the primary treating physician's progress, report on January 9, 2015 the injured worker continues to experience mild pain over the sacrum and neck area, improved flexibility and some tightness at the left shoulder blade. The injured worker is tolerating the current treatment modalities well consisting of physical therapy, home exercise program and medication. Current medications consist of Ibuprofen, Tylenol, Celexa, Trazadone and topical rubs. The injured worker is on temporary total disability (TTD) with modified restrictions. The treating physician requested authorization for transcutaneous electrical nerve stimulation (TEN's) unit. On January 29, 2015, the Utilization Review denied certification for the transcutaneous electrical nerve stimulation (TEN's) unit. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-116.

**Decision rationale:** The patient presents with pain and weakness in her neck, mid and lower back. The request is for TENS UNIT. The patient has had physical therapy with functional improvement. Per 02/18/15 progress report, the patient is currently working. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the patient has not appears to have tried TENS unit in the past. However, the patient does not present with neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis for which the use of TENS unit would be indicated per MTUS. The request IS NOT medically necessary.