

<b>Case Number:</b>	CM15-0039327		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: 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 injured worker is a 33 year old female, who sustained an industrial injury on 6/3/2014. The current diagnoses are right sacroiliac sprain/strain, hip bursitis, hip pain, and low back pain, regional myofascial pain syndrome of the neck and shoulder girdle, and contusion of chest wall. According to the progress report dated 12/12/2014, the injured worker complains of ongoing hip and low back pain. The pain is rated 7/10 on a subjective pain scale. The current medications are Ibuprofen. Treatment to date has included medication management, heat/ice, MRI, physical therapy, and home exercise program. The plan of care includes TENS unit purchase with 4 electrodes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit purchase with 4 electrodes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

**Decision rationale:** Due to the continuing uncertainty regarding the benefits of TENS units, Guidelines have very specific standards to be met prior to purchase and long-term use. The Guideline standards include a home 30-day rental and trial prior to purchase. During the 30-day trial careful documentation of use patterns, level of pain relief and impact on other pain treatments is recommended. This request for a TENS purchase does not have the necessary 30 day trial with adequate documentation. Under these circumstances the request for a TENS unit with 4 leads is not supported by Guidelines and is not medically necessary.