

<b>Case Number:</b>	CM15-0044480		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 61-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 26, 2011. In a Utilization Review Report dated February 10, 2015, the claims administrator failed to approve a request for a TENS unit purchase with associated three months worth of supplies. An RFA form received on February 3, 2015 was referenced in the determination. In an RFA form dated February 3, 2015, the attending provider apparently sought authorization for and/or dispensed TENS unit with an associated three month worth of supplies. It was not clearly stated whether the applicant had or had not previously employed the TENS unit on said RFA form. In an associated progress note of January 27, 2015, the applicant reported ongoing complaints of low back pain. A TENS unit was apparently endorsed on a purchase basis. The applicant was placed off of work, on total temporary disability. Prilosec was renewed. The applicant was using Naprosyn and Flexeril for pain relief. The applicant was previously placed off of work, on total temporary disability, via an earlier note of September 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit, 3 months supplies of electrodes, battery for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** No, the request for a TENS unit (purchase) with an associated three months worth of electrodes, batteries, and other supplies was not medically necessary, medically appropriate, or indicated here. As noted on page 115 of the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit purchase should be predicated on evidence of a favorable outcome in terms of both pain relief and function. Here, however, the attending provider seemingly dispensed the TENS unit and associated supplies of February 3, 2015, without having the applicant first employ the device in question on a trial basis. Therefore, the request was not medically necessary.