

<b>Case Number:</b>	CM15-0052186		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/10/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 61 year old female, who sustained an industrial injury on 9/10/11. She reported initial complaints of neck, bilateral shoulders, bilateral elbows, low and upper back, and bilateral wrist pain. The injured worker was diagnosed as having lumbar radiculopathy; chronic low back; carpal tunnel syndrome; epicondylitis. Treatment to date has included physical therapy; status post left cubital tunnel release (9//6/12); status post left shoulder surgery (4/27/10); status post left carpal tunnel release and left elbow ulnar nerve transposition (1/7/14); TENS unit; medications. Currently, the PR-2 note dated 2/24/15, the injured worker complains of ongoing neck, low back, and wrist and hand pain. The provider's treatment plan included a second opinion orthopedic consult for the left wrist, elbow and left arm pain, physical therapy for neck and low back, occupational therapy for the left wrist, hand and elbow and to continue medications for pain. The provider additionally requested a TENS unit for purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009 Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, 114-117.

**Decision rationale:** California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. 2. There is evidence that other appropriate pain modalities have been tried (including medication) and failed - A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. 3. Other ongoing pain treatment should also be documented during the trial period including medication usage. 4. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. 5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case does not meet the recommended criteria since no treatment plan (that includes short and long term goals) was submitted. There is also no documentation of a one month trial, or that other treatment modalities have been tried and failed. Likewise, this request for a TENS unit purchase is not medically necessary.