

<b>Case Number:</b>	CM15-0060847		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/07/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Arizona, California  
 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 28 year old female, who sustained an industrial injury on 09/07/2013. She has reported subsequent back pain and was diagnosed with herniated nucleus pulposus of L5-S1 and probable lumbar facet syndrome of L4-L5 and L5-S1. Treatment to date has included oral and topical pain medication, TENS unit and physical therapy. In a progress note dated 03/04/2015, the injured worker complained of continued low back pain radiating to the right buttock region. Objective findings were notable for tenderness of the right sided lower lumbar paravertebral musculature with reduced range of motion due to pain. The physician noted that she had borrowed a TENS unit from a friend and had noted significant functional improvement and pain relief. A request for authorization of a TENS unit was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Purchase of transcutaneous electrical nerve stimulator TENS Unit: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant had benefit from borrowed TENS unit without details on setting or length of use. TENS is recommended for a 1 month trial period. The request for a TENS unit purchase is not medically necessary.