

<b>Case Number:</b>	CM15-0085371		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	01/12/2015
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 [REDACTED] beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of January 12, 2015. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve a request for a TENS unit trial. Cyclobenzaprine, however, was approved. An April 20, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant reported 7-8/10, elbow, low back, and knee pain complaints. MRI imaging of the knee, physical therapy, Relafen, Tylenol with Codeine, and topical LidoPro were endorsed while the applicant was placed off of work, on total temporary disability. On March 16, 2015, a knee surgery consultation, Tylenol No. 3, acupuncture, and electrodiagnostic testing were proposed. On March 20, 2015, the applicant reported 8/10 low back and knee pain with left lower extremity paresthesias. The applicant was placed off of work, on total temporary disability, while naproxen, LidoPro, and Tylenol No. 3 were endorsed. On March 30, 2015, the applicant was again placed off of work, on total temporary disability, while Relafen and Tylenol No. 3 were renewed. On April 20, 2015, the attending provider stated that the applicant underwent a TENS unit trial in the clinic. 4/10 pain complaints before the trial were reported versus 3/10 pain without the trial. The TENS unit was then dispensed for home use purposes. Flexeril was also employed on a trial basis. The applicant was kept off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS unit trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation.

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

**Decision rationale:** No, the TENS unit trial was not medically necessary, medically appropriate, or indicated here. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that a TENS unit should be employed on a one-month trial basis, with evidence of favorable outcomes in terms of both pain relief and function, before said TENS unit is furnished on a purchase basis. Here, however, the TENS unit "trial" in question in fact represented an in-office, one-time TENS unit trial. The applicant received a one-time, one-day TENS unit trial on April 20, 2015. The unit was then dispensed. The one-day TENS unit trial at issue, thus, was at odds with the one-month TENS unit trial suggested on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.