

<b>Case Number:</b>	CM14-0133833		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	01/04/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical Records reflect the claimant is a 65 year old male who sustained a work injury on 1-4-12. Office visit on 7-16-14 notes the Im has cervical pain rated 3/10, lumbar pain rated 8-9/10, right hip pain rated 8-9/10. On exam, the claimant has limited range of motion at the cervical spine, tenderness at the cervical paraspinals and trapezius. Lumbar spine shows tenderness to palpation and decrease sensation right L4-L5 and S1. The claimant has positive Kemps as well as limited range of motion. The claimant is off work and is being treated with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective usage of TENS unit & supplies (DOS /19/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS). Decision based on Non-MTUS Citation BlueCross BlueSheild, 2007

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - TENS

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as the Official Disability Guidelines (ODG) notes that 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, if used as an adjunct to a program of evidence-based functional restoration. This modality is recommended for conditions such as spasticity, multiple sclerosis, neuropathic pain, phantom limb pain. There is an absence in documentation noting that this claimant has had a trial with daily pain diaries noting functional and documented improvement. There is an absence in documentation she has any of these conditions for which a one month trial would be considered. Therefore, the request for retrospective usage of TENS unit & supplies (DOS /19/14) is not medically necessary and appropriate.

**TENS unit & supplies (rental of purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS). Decision based on Non-MTUS Citation BlueCross BlueShield, 2007

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - TENS

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines as well as the Official Disability Guidelines (ODG) notes that 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, if used as an adjunct to a program of evidence-based functional restoration. This modality is recommended for conditions such as spasticity, multiple sclerosis, neuropathic pain, phantom limb pain. There is an absence in documentation noting that this claimant has had a trial with daily pain diaries noting functional and documented improvement. There is an absence in documentation that the injured worker has any of these conditions for which a one month trial would be considered. Therefore, the request for a TENS unit & supplies (rental of purchase) is not medically necessary and appropriate.