

<b>Case Number:</b>	CM14-0143128		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 35 year old male who sustained a work injury on 2-17-12. The claimant developed mid back and left upper extremity pain from pushing a food cart. The claimant has been treated with medications and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME (Durable Medical Equipment) TENS (Transcutaneous Electrical Neural Stimulation) Unit Supplies/Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck/Upper Back.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines as well as the 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 the

medical records provided for review noting that this claimant has had a trial with daily pain diaries noting functional and documented improvement. Therefore, the request is not medically necessary and appropriate.