

<b>Case Number:</b>	CM14-0163451		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 58-year-old man who sustained a work-related injury on April 3, 2014 subsequently he developed with chronic back pain and muscle spasm. The patient was treated with pain medications, injections, physical therapy, acupuncture and TENS units. The patient underwent left sacroiliac joint injection on July 13, 2014 and right sacral joint injection on August 15, 2014. According to the consultation dated on August 19, 2014, the patient was complaining of neck pain, stiffness, right shoulder pain, right arm and elbow pain. The patient reported numbness and tingling. In the right upper arm. His pain was rated between 5/10. His physical examination demonstrated the cervical tenderness with reduced range of motion, tenderness over the medial epicondyles and normal manual muscle testing. His motor examination was normal. No objective or subjective finding were reported regarding the lumbar spine. Patient was diagnosed with lumbar sprain, lumbar neuritis and sacroiliitis. The provider requested authorization for TENS unit supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit & supplies (electrodes & batteries) for additional 3 months rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation, Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of his pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit & supplies (electrodes & batteries) for additional 3 months rental is not medically necessary.