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| <b>Case Number:</b>   | CM14-0165616 |                              |            |
| <b>Date Assigned:</b> | 10/10/2014   | <b>Date of Injury:</b>       | 07/19/2011 |
| <b>Decision Date:</b> | 11/12/2014   | <b>UR Denial Date:</b>       | 09/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/07/2014 |

### 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 Illinois. 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 injured worker is a 68-year-old female who reported an injury of unspecified mechanism on 07/19/2011. On 08/13/2014, her diagnoses included left wrist pain, lumbar radiculitis, sacroiliac pain, lumbar stenosis, lumbar degenerative disc disease, left shoulder pain, numbness/tingling in the right hand, carpal tunnel syndrome, and myalgia. Her complaints included right hand numbness and left shoulder pain rated 2/10. Her analgesic medications included naproxen 550 mg. On 06/16/2014, it was noted that she had been approved for an H-wave trial. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four lead digital transcutaneous electrical nerve stimulation (TENS) device for purchase:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The request for 4 lead digital transcutaneous electrical nerve stimulation (TENS) device for purchase is not medically necessary. The California MTUS Guidelines

recommend a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Additionally, a treatment plan, including the specific short term and long term goals of treatment with a TENS unit should be submitted. A 1 month home based TENS trial may be considered as a noninvasive conservative option. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. There was no evidence in the submitted documentation that this worker was participating in an evidence based Functional Restoration Program or home exercise program. There was no documentation of a previous 1 month home based trial. There was no documentation of the need for a 4-lead unit. Additionally, the request did not include any supplies for the TENS unit. The clinical information submitted failed to meet the evidence based guidelines for a TENS unit. Therefore, this request for a 4 lead digital transcutaneous electrical nerve stimulation (TENS) device for purchase is not medically necessary.