

<b>Case Number:</b>	CM14-0211346		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: District of Columbia, Virginia  
Certification(s)/Specialty: Internal 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:

This is a 53 year old patient who sustained injury on Feb 22 2013. The patient had issues with low back pain, bilateral leg pain , insomnia and stress. He was evaluated by x rays and received injections for pain, physical therapy and acupuncture without relief of symptoms. He had an MRI of the lumbar region which showed three herniated discs and was then referred to a pain specialist. He received two epidural injections in the lumbar area which provided temporary relief of symptoms. He was diagnosed with cervical spine discogenic neck pain with radiculopathy, bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis, left elbow lateral epicondylitis, bilateral carpal tunnel syndrome, and bilateral knee internal derangement. He was also prescribed a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous Electrical Nerve Stimulation (TENS) Unit; 3 Months Rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** Per MTUS, Criteria for the use of TENS: "Chronic intractable pain (for the conditions noted above): - Documentation of pain of at least three months duration - There is evidence that other appropriate pain modalities have been tried(including medication) and failed - A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial- Other ongoing pain treatment should also be documented during the trial period including medication usage - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted - A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy)"Per clinical documentation provided, it is not clear that the patient had failed medical interventions. Exam findings did not demonstrate neurologic defects to warrant usage of this device. The request is not medically necessary.