

<b>Case Number:</b>	CM15-0000084		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old female who sustained an industrial injury on 7/24/11. The injured worker reported symptoms in the back. The diagnoses included cervical sprain/strain; neck, thoracic sprain/strain and lumbar sprain/strain. Treatments to date have included home exercise program, oral medications and ultrasound treatment. PR2 dated 8/29/14 noted the injured worker presents with "mid to low back pain and cervical pain 4/10...difficulty falling asleep" the treating physician is requesting transcutaneous electrical nerve stimulation (TENS) electrodes x4. On 8/21/14 Utilization Review non-certified a request for Transcutaneous electrical nerve stimulation (TENS) electrodes x4. The California Medical Treatment Utilization Schedule Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS electrodes x 4:** Upheld

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

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

**Decision rationale:** The patient presents with mid to low back pain and cervical spine pain. The request is for TENS Electrodes X 4. Her lumbar spine has a decreased range of motion with flexion up to her knees. Pain is elicited with walking on toes and heels. There is tenderness to palpation of the cervical, thoracic, and lumbar spine. Per MTUS guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. In this case, there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. The treater has not indicated a need for a TENS unit based on the MTUS criteria. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the requested TENS unit is not medically necessary.