

<b>Case Number:</b>	CM15-0011759		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/06/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 6, 2010. In a utilization review report dated January 9, 2015, the claims administrator partially approved a request for a TENS unit purchase as a 30-day trial rental of the same. The claims administrator referenced progress notes between June and December 2014 in its determination. The applicant's attorney subsequently appealed. In a December 30, 2014 progress note, the applicant reported ongoing complaints of low back pain. Further physical therapy was endorsed. There was no mention made of the applicant's having previously received a one month trial of a TENS unit as of that point in time. In July 7, 2014 medical progress note, the applicant reported ongoing complaints of low back, mid back, hip, and shoulder pain. Permanent work restrictions and Relafen were endorsed. It was not clearly stated whether the applicant was or was not working with previously imposed limitations in place. In a handwritten note dated September 2, 2014, it was stated that the applicant was working with previously imposed permanent limitations. The remainder of the file was surveyed. There was no evidence that the applicant had previously received a one-month trial of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit purchase with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 146.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS: Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

**Decision rationale:** 1.No, the request for a TENS unit purchase with associated supplies was not medically necessary, medically appropriate, or indicated here.As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, in terms of both pain relief and function. Here, however, it appeared that the attending provider sought authorization to purchase the device without evidence of a previously successful one-month trial of the same. Therefore, the request was not medically necessary.