

<b>Case Number:</b>	CM15-0120166		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California, Hawaii  
 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 34 year old male, who sustained an industrial injury on 9/15/2013. He reported a slip and fall onto the left side of his body, including his head. The injured worker was diagnosed as having craniocervical headache, lumbar sprain, rule out L5-S1 radiculopathy, and left knee sprain/strain. Treatment to date has included diagnostics, physical therapy, acupuncture, and medications. Currently, the injured worker complains of lumbar spine pain rated 5/10, left knee pain rated 6/10, and daily headaches. Current medication regimen was not detailed but included topical compound medications. Work status was modified and it was not documented if he was currently working. The requested treatment was for neurostimulator transcutaneous electrical nerve stimulation unit-electrical neuromuscular stimulation, with one-month supply of supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurostimulator Transcutaneous electrical nerve stimulation (TENS) - Electronic Muscle Stimulator (EMS) for one-month rental: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

**Decision rationale:** The patient presents with diagnoses that include craniocervical headache, lumbar sprain, rule out L5-S1 radiculopathy and left knee sprain/strain. Currently the injured worker complains of lumbar spine pain, left knee pain and daily headaches. The current request is for Neurostimular Transcutaneous electrical nerve stimulation (TENS) - Electronic Muscle Stimulator. The clinical history provided did not include the Request for Authorization and the treating physician reports were somewhat legible at best. MTUS guidelines regarding TENS for chronic pain state, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." MTUS goes on to state the criteria for the use of TENS for chronic intractable pain, "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." In this case, the clinical history documents the patient's chronic pain and presents evidence of the patient's attempt to treat with other appropriate pain modalities yet the symptoms continue to present. There is no documentation provided that the patient has had a one month trial of TENS which is required before consideration of TENS purchase can be made. The current request is not medically necessary.

**One month supplies, electrodes, batteries and lead wires purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

**Decision rationale:** The patient presents with diagnoses that include craniocervical headache, lumbar sprain, rule out L5-S radiculopathy and left knee sprain/strain. Currently the injured worker complains of lumbar spine pain, left knee pain and daily headaches. The current request is for one-month supplies, electrodes, batteries and lead wires purchase. The clinical history provided did not include the Request for Authorization and the treating physician reports were somewhat legible at best. MTUS guidelines regarding TENS for chronic pain state, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." In this case, the clinical history does not support a TENS purchase. Therefore, the current request for TENS unit supplies, electrodes, batteries and lead wires are not medically necessary.