

<b>Case Number:</b>	CM15-0120272		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/10/2015
<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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 35-year-old male with an industrial injury dated 06/07/2013. His diagnoses included pain in thoracic spine, thoracic disc degeneration and sprain of right ankle. Comorbid diagnosis is borderline hypertension. Prior treatments included chiropractic treatment, physical therapy, acupuncture and medications. He presents on 05/29/2015 for follow up. The provider documents the pain is thought to be secondary to thoracic degenerative disc disease with myofascial pain. He had completed 12 sessions of chiropractic treatment with some temporary relief. He describes average pain as 5/10. The pain level with medications is 5/10. Physical exam of lumbar spine revealed non-antalgic gait. Active range of motion was painful. There was mild tenderness of the thoracic spine. The request is for TENS batteries (6 AAA) for one month, TENS electrodes (8 pairs) for one month and TENS lead wires (2 pair) for one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Batteries (6 AAA)for one month: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS Batteries (6 AAA) for one month is not medically necessary.

**TENS lead wires (2 pair) for one month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS lead wires (2 pair) for one month is not medically necessary.

**TENS electrodes (8 pairs) for one month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS electrodes (8 pairs) for one month is not medically necessary.