

<b>Case Number:</b>	CM15-0146345		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	06/15/2005
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, New York, 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 (LBP) reportedly associated with an industrial injury of June 15, 2005. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve a request for a "daily TENS unit." The claims administrator referenced a June 23, 2015 progress note and an associated RFA form of the same date in its determination. The claims administrator contended that the applicant had failed to profit from earlier trial of the same. The applicant's attorney subsequently appealed. On June 23, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant also reported superimposed issues with depression. The applicant was given refills of Wellbutrin, Lyrica, Relafen, and Prilosec, it was reported. The applicant's current medication list, in another section of the report, reportedly included Lyrica, Relafen, Prilosec, Soma, and Wellbutrin, it was stated. The applicant was apparently considering a spinal cord stimulator. The applicant's work status was not detailed. A lumbar support was endorsed with the applicant's continued usage of TENS unit on a daily basis. The attending provider contended that the TENS unit had proven beneficial in terms of improving activities of daily living but did not elaborate further. Standing, walking, lifting, and carrying all remained problematic, the attending provider acknowledged. The applicant's work status was not detailed, although it did not appear that the applicant was working. Highly variable 4-10/10 pain complaints were reported. On May 19, 2015, the applicant was given refills of Wellbutrin, Soma, Lyrica, Relafen, and Prilosec. Once again, the applicant's work status was not reported, although it did not appear

that the applicant was in fact working. Standing and walking remained problematic. Highly variable 4-10/10 pain complaints were reported.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Daily TENS Unit Use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** No, the request for a daily TENS unit for home use purposes was not medically necessary, medically appropriate, or indicated here. The request was framed as a request to purchase the said TENS unit. However, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of favorable outcomes in terms of both pain relief and function. Here, however, the applicant's work status was not clearly reported on office visits of May 19, 2015 and/or June 23, 2015. On June 23, 2015, it was suggested that the applicant was not, in fact, working. Activities of daily living as basic as standing, walking, carrying, lifting, and bending all remained problematic, it was reported on that date. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Wellbutrin, Lyrica, Relafen, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite previous usage of the TENS unit in question. Therefore, the request was not medically necessary.