

<b>Case Number:</b>	CM15-0069259		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	11/22/2008
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 68-year-old female who sustained an industrial injury on 11/22/2008. Diagnoses include chronic low back pain and status post right shoulder surgery. Treatment to date has included medications, injections and TENS. Diagnostics included electro diagnostic testing and MRIs. According to the PR2 dated 3/24/15, the IW reported ongoing low back pain that radiated down to the lower extremities, worse on the left. She reported pain improved from 9/10 to 6/10 with medications, TENS and rest; pain relief from TENS lasted two to three hours after treatment. A request was made for two sets of four TENS unit leads.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME purchase 2 sets of 4 TENS unit leads:** Overturned

**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 TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

**Decision rationale:** The claimant sustained a work-related injury in November 2011 and continues to be treated for radiating low back pain. She uses TENS with reported benefit lasting for 2-3 hours after use. Being requested is replacement TENS electrodes. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1 - 3 months at a minimum. In this case, the claimant already uses TENS and the fact the pads need to be replaced is consistent with its continued use and efficacy. The number of electrodes being requested is appropriate and therefore is medically necessary.