

<b>Case Number:</b>	CM15-0070770		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 34-year-old male sustained an industrial injury to the neck and back on 2/2/12. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, acupuncture, chiropractic therapy, transcutaneous electrical nerve stimulator unit, back brace and medications. In a PR-2 dated 1/30/15, the injured worker complained of low back pain rated 6/10 on the visual analog scale, with radiation to bilateral thighs. Physical exam was remarkable for tenderness to palpation to the cervical spine, lumbar spine and thoracic spine with restricted range of motion, decreased sensation at the L5 distribution and normal strength. Current diagnoses included acute cervical spine, lumbar spine and thoracic spine sprain/strain, rule out disc herniation and gastritis secondary to NSAID use. The treatment plan included requesting authorization for batteries and patches for the transcutaneous electrical nerve stimulator unit, electromyography bilateral lower extremities and magnetic resonance imaging lumbar spine. The physician noted that the transcutaneous electrical nerve stimulator unit gave the injured worker increased functionality.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Patches for the TENS Unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, 114-117.

**Decision rationale:** California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. 2. 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. 3. Other ongoing pain treatment should also be documented during the trial period including medication usage. 4. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. 5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case meets MTUS criteria. He already has a TENS unit and has used it with prior functional improvement per his physician's documentation. This request is not for a TENS unit, but for TENS unit supplies - batteries and pads. It seems medically reasonable to allow him to continue use of the TENS unit that he already owns and is benefiting from. This request is considered medically reasonable and necessary.

**Batteries for the TENS Unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, 114-117.

**Decision rationale:** California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. 2. 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. 3. Other ongoing pain treatment should also be documented during the trial period including medication usage. 4. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. 5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case meets MTUS criteria. He already has a TENS unit and has used it with prior functional improvement per his physician's documentation. This request is not for a TENS unit, but for TENS unit supplies - batteries and pads. It seems medically reasonable to allow him to

continue use of the TENS unit that he already owns and is benefiting from. This request is considered medically reasonable and necessary.