

<b>Case Number:</b>	CM15-0076548		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 60 year old female, who sustained an industrial injury on March 4, 2014. She reported neck pain, left knee pain and low back pain. The injured worker was diagnosed as having cervical strain, non-industrial cervical fusion, thoracic strain, superimposed lumbar strain, intermittent left greater than right lumbosacral radiculopathy and probable lumbar facet syndrome. Treatment to date has included diagnostic studies, radiographic imaging, lumbar epidural injections, left knee surgery, cervical spinal surgery, TENS unit, home exercises, conservative care, medications and work restrictions. Currently, the injured worker complains of continued pain in the neck and low back with associated radicular symptoms into the bilateral lower extremities. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. It was noted a TENS unit trial was effective in decreasing pain. Evaluation on December 18, 2014, revealed continued pain with decreased lower extremity symptoms. A home TENS unit was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit (1-month rental and purchase of supplies): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** According to MTUS 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 the patient having a functional improvement with previous TENS unit use. There is no clear documentation of the presence of neuropathic pain. Therefore, the prescription of TENS Unit (1-month rental and purchase of supplies) is not medically necessary.