

<b>Case Number:</b>	CM15-0078585		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/31/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Illinois

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 injured worker is a 52 year old male, who sustained an industrial injury on 3/31/2013. The mechanism of injury is not indicated. The injured worker has been diagnosed of lumbar sprain/strain, cephalgia, eye irritation, exposure to chemicals and radiculitis. Treatment to date has included medications, TENS, acupuncture. The request is for extended rental of neurostimulator TENS-EMS for 6 months. On 10/7/2014, he complained of neck pain rated 6/10, eye pain rated 7/10, and low back pain rated 7/10 on pain scale. The treatment plan included: ophthalmology referral, psychosocial evaluation, shock wave therapy, home exercises, Synovacin and Dendracin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extended rental of neurostimulator TENS/EMS for six months starting October 17, 2013:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 - 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The injured worker sustained a work related injury on 3/31/2013. The medical records provided indicate the diagnosis of lumbar sprain/strain, cephalgia, eye irritation, exposure to chemicals and radiculitis. Treatment to date has included medications, TENS, acupuncture. The medical records provided for review do not indicate a medical necessity for extended rental of neurostimulator TENS/EMS for six months starting October 17, 2013. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long-term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain, Phantom limb pain and CRPS II, and Spasticity. There was no documentation of the outcome of treatment with a trial one month TENS unit rental, neither was there a documentation of the treatment goals. Therefore, the request is not medically necessary.