

<b>Case Number:</b>	CM15-0099489		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Arizona, California  
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:

The injured worker is a 29 year old male who sustained an industrial injury on 3/13/14. The injured worker was diagnosed as having cervical spine strain/sprain and lumbar spine strain/sprain left lower extremity radicular symptoms. Currently, the injured worker was with complaints of pain in the back. Previous treatments included medication management, injections, acupuncture treatment, and activity modification. The injured workers pain level was noted as 7/10. Physical examination was notable for tenderness to palpation to the lumbar sacral spine. The plan of care was for a transcutaneous electrical nerve stimulation unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurostimulator TENS (transcutaneous electric nerve stimulation)/EMS (electrical muscle stimulation), 7 month rental, retrospective (DOS 2/28/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic intractable pain, (transcutaneous electric nerve stimulation) Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Numerous, interventions and invasive procedures have not been done without long-term benefit. Long-term with 7 month use is not recommended. The request for a TENS unit for 7 months rental is not medically necessary.

**TENS (transcutaneous electric nerve stimulation)/EMS (electrical muscle stimulation), Supplies, retrospective (DOS 2/28/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic intractable pain, (transcutaneous electric nerve stimulation) Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Numerous, interventions and invasive procedures have not been done without long-term benefit. Long-term with 7 month use is not recommended. The request for a TENS unit for 7 months is not medically necessary and therefore the supplies are not medically necessary.

**Delivery & setup of DME (durable medical equipment), retrospective (DOS 2/28/15): Upheld**

**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 Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Numerous, interventions and invasive procedures have not been done without long-term benefit. Long-term with 7 month use is not recommended. The request for a TENS unit for 7 months is not medically necessary and therefore the delivery and setup is not medically necessary.