

<b>Case Number:</b>	CM14-0163262		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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: California

Certification(s)/Specialty: Emergency 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 23 year old male who sustained an industrial injury 10-10-13. A review of the medical records reveals the injured worker is undergoing treatment for left shoulder internal derangement and impingement, cervical and lumbar sprain-strain and intersegmental dysfunction, anterior chest wall discomfort, lumbar herniated disc L4-5 with mild lower extremity radiculitis, bilateral sacroiliac joint sprain-strain, and rule out panic and or anxiety due to pain. Medical records (05-02-14) reveal the injured worker complains of constant back pain and occasional shoulder pain. The pain is not rated. The physical exam (05-02-14) reveals decreased lumbar spine range of motion. Prior treatment includes 6 sessions of acupuncture, 8 sessions of physical therapy, and 4-5 sessions of chiropractic care. The original utilization review (09-05-14) non-certified the request for a TENS unit, and 2 packs of batteries and electrodes. There is not documentation that the injured worker had a one month trial of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

**Decision rationale:** The requested TENS Unit is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has constant back pain and occasional shoulder pain. The pain is not rated. The physical exam (05-02-14) reveals decreased lumbar spine range of motion. Prior treatment includes 6 sessions of acupuncture, 8 sessions of physical therapy, and 4-5 sessions of chiropractic care. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS Unit is not medically necessary.

**Two packs of electrodes and two batteries:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

**Decision rationale:** The requested two packs of electrodes and two batteries, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has constant back pain and occasional shoulder pain. The pain is not rated. The physical exam (05-02-14) reveals decreased lumbar spine range of motion. Prior treatment includes 6 sessions of acupuncture, 8 sessions of physical therapy, and 4-5 sessions of chiropractic care. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, two packs of electrodes and two batteries are not medically necessary.