

<b>Case Number:</b>	CM13-0010167		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	12/08/2006
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 54-year-old female with a 12/8/06 date of injury. At the time (7/2/13) of request for authorization for 1 TENS (Transcutaneous Electrical Nerve Stimulation) unit, there is documentation of subjective (low back pain with radiation down the bilateral posterior thighs to the knees with weakness) and objective (decreased lumbar range of motion, tenderness to palpation over the lumbar spinous processes and paraspinal muscles on the right side, and tenderness over the greater trochanter and sacroiliac joints) findings, current diagnoses (L3-4 disc injury, lumbar radiculopathy, and lumbar facet syndrome), and treatment to date (activity modification, physical therapy, home exercise program, and medications). In addition, 7/2/13 medical report plan identifies TENS (Transcutaneous Electrical Nerve Stimulation) unit as an adjuvant pain treatment in conjunction with home exercise program. There is no documentation of a treatment plan including the specific short- and long-term goals of treatment with the TENS (Transcutaneous Electrical Nerve Stimulation).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS UNIT:** 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 ELECTRICAL NERVE STIMULATION (TENS) Page(s): 113-117.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS (Transcutaneous Electrical Nerve Stimulation) unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS (Transcutaneous Electrical Nerve Stimulation), as criteria necessary to support the medical necessity of a month trial of a TENS (Transcutaneous Electrical Nerve Stimulation) unit. Within the medical information available for review, there is documentation of diagnoses of L3-4 disc injury, lumbar radiculopathy, and lumbar facet syndrome. In addition, there is documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration (home exercise program). However, there is no documentation of a treatment plan including the specific short- and long-term goals of treatment with the TENS (Transcutaneous Electrical Nerve Stimulation). Therefore, based on guidelines and a review of the evidence, the request for 1 TENS (Transcutaneous Electrical Nerve Stimulation) unit is not medically necessary.