

<b>Case Number:</b>	CM13-0011089		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	06/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is an employee of [REDACTED], and has submitted a claim for low back pain associated with an industrial injury date of December 5, 2012. Treatment to date has included oral analgesics, muscle relaxants, TENS, heat and physical therapy. Medical records from 2013 were reviewed showing that the patient complained of low back pain graded 8/10 radiating to the leg accompanied by tingling, stiffness, stabbing pain and weakness. Pain was aggravated by motion. Physical examination showed lumbar muscle spasms with tenderness over the L4-L5 and L5-S1 bilaterally. There was also limitation of motion. Utilization review from June 28, 2013 denied the request for TENS unit purchase and TENS unit 3 month supplies due to limited published evidence that supports the efficacy of TENS therapy for chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT PURCHASE:** Upheld

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

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

**Decision rationale:** As stated on pages 114-116 of the Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as the primary treatment modality but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration given that conservative treatment methods have failed and that a specific treatment plan with short and long term goals has been established. In this case, the patient has low back pain with radiation to the leg. Since the time of the utilization review denial, the patient has had access to a TENS unit. However, the specific outcomes from its use in terms of functional improvement, such as improved activities of daily living were not documented in the progress notes. Short and long-term goals of the treatment were likewise not discussed. Therefore, the request for a TENS unit purchase is not medically necessary and appropriate.

**3 MONTHS OF TENS SUPPLIES::** 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 Page(s): 114-116.

**Decision rationale:** As stated on pages 114-116 of the Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as the primary treatment modality but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration given that conservative treatment methods have failed and that a specific treatment plan with short and long term goals has been established. In this case, the patient has low back pain with radiation to the leg. Since the time of the utilization review denial, the patient has had access to a TENS unit. However, the specific outcomes from its use in terms of functional improvement, such as improved activities of daily living were not documented in the progress notes. Short and long-term goals of the treatment were likewise not discussed. The request for purchase of TENS unit has been deemed not medically necessary, thus, none of the associated TENS supplies is likewise not recommended. Therefore, the request for 3 months of TENS supplies is not medically necessary and appropriate.