

<b>Case Number:</b>	CM13-0011402		
<b>Date Assigned:</b>	10/16/2013	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	08/02/2013
<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 Physical Medicine and Rehabilitation 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:

This is a 38-year old gentleman with a date of injury of 2/08/12. The patient sustained a low back injury while transferring a patient from a gurney to a bed. He was diagnosed with lumbosacral neuritis/radiculitis and lumbar disc displacement without myelopathy. Interventions over the past several years of care have included activity modification, medication (including chronic opioid use), chiropractic sessions (a few sessions in 2010), acupuncture (2-3 sessions in 2010), physical therapy, and epidural injections (in 2010). Despite extensive conservative measures, the patient had ongoing pain with radicular features and was under the care of a pain specialist. The first mention of Transcutaneous Electrical Nerve Stimulation (TENS) use was on a 3/16/13 report. This report notes that the patient had short term subjective pain relief. Use of TENS is routinely documented in subsequent reports prior to the 8/02/13 Utilization Review (UR) report. Though there is report of subjective short term benefit, the overall case is noted to have an escalation in treatment and evaluations. Pain is noted to have inadequate control, opioids are increased/adjusted, and surgical intervention was subsequently considered. A request for TENS was submitted to UR on 8/02/13, and further use was not recommended for certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT FOR THE LOW BACK:** 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  
PHYSICAL MEDICINE Page(s): 114-1146.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. However, the record only states that the patient has been using a TENS unit and it has been effective short term. There is no description of the parameters of use including duration and frequency of use. There are no objective measures to establish efficacy, including objective functional benefit, increase in function, or decrease in medication intake. There is also no evidence that TENS will be used as an adjunct to additional evidence-based conservative care. The request was not medically necessary.