

<b>Case Number:</b>	CM13-0011617		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 49 y/o male Lab Assistant sustained a low back injury on 9/6/07 while employed by [REDACTED]. The medical report dated 7/30/13 noted flare-up of severe left lower extremity pain where the patient presented to the emergency room and received a morphine shot which did not help and was told to follow-up with his work comp doctor. Current medications for his injury include Ketamine cream, Lidoderm, Buprenorphine, Cymbalta, Sentra, Lyrica, Fortensia, Aspirin, along with Glipizide, Lisinopril, Risperidone, Metformin, and pravastatin for other medical conditions. Diagnostic impression included Generalized Anxiety disorder, Psychogenic pain, Lumbar disc displacement without myelopathy. Treatment included increase in pain medication of Buprenorphine, aquatic therapy, transcutaneous electrical nerve stimulation (TENS) unit, psychological and psychiatric consultation, Cognitive behavior therapy, increase Lyrica. The patient was reported to be permanent and stationary (P&S). There is a dated 8/5/13 noted the patient with a pre-existing non-industrial low back condition s/p multilevel lumbar discectomy in 1998 with L5-S1 Laminectomy in 2004. Previous conservative medical treatment has included chronic opiate analgesics and other medication, extensive physical therapy, epidural steroid injections, activity modifications, cognitive behavior therapy, along with completion of a formal Functional Restoration Program, yet the patient has remained symptomatic and functionally impaired. acupuncture with recommended TENS unit trial. QME re-evaluation report of 2/25/10 recommended future medical care provisions to include 6 yearly pain management visits, anti-inflammatory and neuropathic pain medications, Cognitive behavioral therapy (CBT) and possible biofeedback, and consideration for epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS units, unspecified rental duration/purchase, QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of transcutaneous electrical nerve stimulation (TENS) Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has a non-industrial low back condition s/p multilevel lumbar discectomy in 1998 with L5-S1 Laminectomy in 2004 and has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive physical therapy, epidural steroid injections, activity modifications, cognitive behavior therapy, along with completion of a formal Functional Restoration Program, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the patient is P&S, there is no evidence for change in work status, increased in activities of daily living (ADLs), decreased visual analogue scale (VAS) score, medication usage, or treatment utilization from the physical therapy treatment already rendered. The TENS Unit, unspecified rental duration/purchase is not medically necessary and appropriate.