

<b>Case Number:</b>	CM13-0018203		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	12/02/2003
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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, has a subspecialty in Interventional Spine 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 a 45-year-old female with date of injury of 12/02/2013. The listed diagnoses per [REDACTED] are: 1. HNP of lumbar spine. 2. Facet arthropathy of lumbar spine. According to the report dated 06/07/2013 by [REDACTED], the patient presents with low back complaints, which she rates at 4/10 on the pain scale. She continues to have left lower extremity numbness, tingling, and pain to the foot. Her current medications include ketoprofen cream, tramadol ER 150 mg, Norco 10/325 mg, and Prilosec 20 mg. She is also being prescribed lorazepam, bupropion, and Crestor by her primary care provider. Objective finding reports normal heel-toe walk, positive facet pain on the left, range of motion of lumbar spine is decreased throughout and sensation is intact in the bilateral lower extremities. The treating physician requests a refill of medications and a 30-day trial of Transcutaneous electrical nerve stimulation (TENS unit). The Utilization review is dated 08/12/2013. The reports available for review are from the following dates: 06/07/2013 to 02/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TENS UNIT WITH HAN (WITH 9 PAIRS OF ELECTRODES AND 6 BATTERIES):**

Upheld

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

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

**Decision rationale:** This patient presents with low back complaints, which she rates at 4/10 on the pain scale. The treating physician is requesting a 30 day trial of Transcutaneous electrical nerve stimulation (TENS unit). Per California Medical Treatment Utilization Schedule (MTUS) Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, complex regional pain syndrome, spasticity, and phantom limb pain and multiple sclerosis. In this case, the patient presents with a herniated nucleus pulposus of the lumbar spine with pain down the leg, a neuropathic pain. The patient likely have completed physical therapy as conservative measure and a one-month rental for home trial of TENS unit is consistent with MTUS guidelines. Recommendation is for authorization.