

<b>Case Number:</b>	CM13-0036444		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	03/16/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Family Medicine and is licensed to practice in New Jersey & New York. 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 injured worker is a 57 y/o male who sustained a lower back injury on 3/16/2011 at his place of employment. There were no records indicating the mechanism of injury. In 2012, thoracic and lumbar spine x-rays showed degenerative changes. An MRI showed multilevel disc and facet degenerative changes with mild central canal narrowing at L2-L3 and a 3mm right paracentral disc protrusion at L3-L4. An EMG was negative for neuropathy but he did not tolerate the needle component well. A surgical consult recommended continuation of conservative care which included physical therapy and pain medications. In 2013, he was evaluated for thoracic back pain, lumbar back pain which radiated to his right lower extremity. He was also evaluated for testicular pain, left greater than right which was felt to be non-industrial and not mentioned on the initial doctor's report. However, an ultrasound was ordered to evaluate for inguinal hernia. His pain was worse with movement but he reported improvement with rest and medications. His medication regimen included Norco 10/325 and Valium 3mg as needed. He experienced good relief with a transcutaneous electrical nerve stimulation unit (TENS unit) which he used in conjunction with a basic home exercise program. As per the patient, the TENS unit allowed him to decrease his pain medication use and increase function but he was still able to barely tolerate his work restrictions. On exam, the patient had decreased range of motion of his back with tenderness but normal motor strength and deep tendon reflexes. He had patchy areas of decreased sensation of lower extremities. He was diagnosed with lumbar sprain/strain, lumbar degenerative disc disease, lumbar spondylosis and muscle spasms, and myofascial tender points. The requested treatment is the purchase of the TENS unit (4 leads) with HAN program and supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Purchase A Tens Unit W/Han Programs and Supplies X 3 Months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, NMES Page(s): 114-116, 121.

**Decision rationale:** The patient has chronic intractable back pain for greater than three months without appropriate control with medications and a home exercise program. There was improvement in pain and function with the TENS unit for greater than 180 days with a decreased use in medications although frequency was not documented. Four leads was requested but without documentation as to why this was required over the 2-lead unit. The HAN program is a neuromuscular electrical stimulation modality that is used as part of the rehabilitation program following a stroke to treat muscle atrophy, relax muscle spasms, increase blood circulation, maintain range-of-motion, and re-educate muscles. There is no evidence for its use in treating chronic back pain. Therefore, the requested treatment is not medically necessary.