

<b>Case Number:</b>	CM13-0036898		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/08/2003
<b>Decision Date:</b>	04/10/2014	<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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 48 year-old with a date of injury of 09/08/03. A progress report associated with the request for services, dated 09/11/13, identified subjective complaints of neck and back pain radiating into the left lower extremity. Objective findings included lumbar tenderness increased with range-of-motion. There was hypoalgesia in the left L4, L5, and S1 dermatomes. The left lower extremity was weak compared to the right. Diagnoses included failed L5-S1 discectomy; bilateral lumbar facet pain; and lumbar radiculopathy. Treatment has included oral analgesics as well as a lumbar fusion on 02/15/11. The patient has used a TENS unit in the past and described some relief from the modality. The date and duration is not specified. A Utilization Review determination was rendered on 09/23/13 recommending non-certification of "TENS unit replacement along with batteries and cable cord".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit replacement along with batteries and cable cord:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**Decision rationale:** The Expert Reviewer's decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that TENS is not recommended for the low back. For other conditions, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include: - Neuropathic pain - CRPS I and II - Phantom limb pain - Spasticity - Multiple sclerosis For chronic intractable pain from these conditions, the following criteria must be met: - Documentation of pain for at least three months duration. - Evidence that other appropriate pain modalities have been tried (including medication) and failed. - A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function. - Other ongoing pain treatment should also be documented during the trial period including medication usage. - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, the TENS unit is being requested for a type of pain not specified as indicated for treatment. TENS is not recommended for the low back. Also, the multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, a one-month should normally be attempted Therefore, there is no documented medical necessity for a TENS unit.