

<b>Case Number:</b>	CM13-0037000		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	02/17/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 New York and Texas. 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:

The patient is a 51-year-old male who reported a work related injury on 03/12/2012, specific mechanism of injury not stated. The patient currently presents for treatment of the following diagnoses, cervical spondylosis with cervicgia, chronic low back pain with lumbosacral spondylosis, chronic pain syndrome and depression. The clinical notes document the patient has utilized physical therapy, electrodiagnostic studies, functional restoration program, imaging, and psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Chronic Pain Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Chronic Pain Page(s): 116.

**Decision rationale:** The California MTUS indicates, a TENS unit is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration, in addition, documentation of how often the unit was used, as well as outcomes in

terms of pain relief and function, as well as rental would be preferred over purchase during this trial. The clinical documentation submitted for review reported the patient had previously utilized a TENS unit while in physical therapy. However, documentation of objective findings of the patient's reports of efficacy as noted by a decrease in rate of pain on a Visual Analog Scale and increase in functionality is not evidenced in the clinical notes reviewed to support purchase of this moderate at this point in the patient's treatment. The clinical note dated 10/01/2013 reported the patient was seen under the care of [REDACTED] who documented the patient continued to present with complaints of low back pain as well as cervical pain. The patient utilizes Vicodin, Cymbalta, Gabapentin, Lunesta, and Naproxen without resolve of his symptomatology in addition to lower levels of conservative treatment. However, given all of the above, the request for TENS unit for home use is not medically necessary or appropriate.