

<b>Case Number:</b>	CM13-0040238		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 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:

This patient sustained an injury on 1/15/13 while employed by [REDACTED]. Request under consideration include TENS unit purchase. Report of 10/8/13 from the provider noted the patient with chronic severe low back pain radiating to lower extremities. Exam noted no tenderness of the cervical paravertebral muscles/ trapezius/ or scapular muscles with flexion/extension of 45 degrees without increased pain on maneuver; intact sensation, motor strength and reflexes in upper extremities; lumbar spine with slight tenderness in paravertebral muscles; no tenderness at bilateral SI joints; limited lumbar range with pain; positive SLR bilateral; motor strength of 5/5 in bilateral lower extremity muscles throughout; decreased sensation at right L5 dermatome; and intact DTRs 2+ symmetrically. Diagnoses included lumbar disc protrusion, L5-S1/ radiculopathy/ myoligamentous sprain/strain; thoracic disc protrusion, T7-8/ myoligamentous sprain/strain. The patient remained temporary total disabled. The request for TENS unit purchase was non-certified on 10/14/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT PURCHASE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117 Page(s): 114-117.

**Decision rationale:** According to the 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 TENS Unit include trial in adjunct 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 received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, epidural steroid injection, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The TENS unit purchase is not medically necessary and appropriate.