

<b>Case Number:</b>	CM13-0061545		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 & Rehabilitation, has a subspecialty in Sports Medicine, 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 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 52-year-old male who reported an injury on 04/18/2011. The mechanism of injury was lifting. Since the time of injury, the injured worker has received analgesic medications, physical therapy, chiropractic treatment, massage, and a transcutaneous electrical nerve stimulation (TENS) unit. An MRI (magnetic resonance imaging) obtained on 04/11/2011 revealed a 3 mm disc bulge at T12-L1, L1-2, L2-3, L3-4, and L4-5. An Electromyography (EMG) /NCV (nerve conduction velocity) of the bilateral lower extremities performed on 06/20/2012, revealed mild polyneuropathy affecting the sensory nerves only; the injured worker is a known diabetic. There was no other pertinent information submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPLACEMENT TENS UNIT:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend transcutaneous electrical nerve stimulation (TENS) for treating chronic pain associated with phantom limb and Complex regional pain syndrome (CRPS), neuropathic pain, spasticity due to spinal cord injury, and multiple sclerosis. The guidelines state that continued use of a TENS unit is dependent upon documentation of decreased medication use, decreased pain, and increased function. The clinical information submitted for review did not provide any evidence that the patient was experiencing neuropathy or muscle spasms secondary to his spinal cord injury. Additionally, the only objective pain levels submitted for review and scored on the Visual Analog Scale, were contained in the notes dated 10/28/2013, 09/30/2013, and 07/29/2013. These particular notes indicated the patient rated his pain 7/10 without medications, and 4/10 to 5/10 with medications; although there was a statement that the TENS was beneficial, there was no indication that this aided in decreasing his pain levels. Additionally, although the TENS unit is noted to assist the patient with sitting for longer periods, it had no affect on the patient's functional values. Throughout the clinical notes submitted for review it was documented that the patient had lumbar flexion that was decreased by 50%, extension that was decreased by 20%, and bilateral rotation that was also decreased by 20%. As the clinical information did not provide objective evidence of an increase in function, decrease in medication use, or a decrease in pain as it relates to the use of a TENS unit, continued use of this treatment modality is not indicated. As such, the request for a replacement TENS unit is non-certified.