

<b>Case Number:</b>	CM13-0062456		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/10/2009
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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:

The injured worker is a 63-year-old male who reported a heavy lifting injury on 08/10/2009. On 08/28/2013, his diagnoses included lumbar and lumbosacral spondylosis, degenerative disc disease at L3-4, L4-5, and L5-S1, lumbar spinal stenosis, facet cyst, and lumbosacral strain. The report states that he had periodic flare-ups of low back pain. His pain was relieved by physical therapy and continuous use of a TENS unit. These modalities kept him from taking pain medications. The treatment plan at that time was to continue use of the TENS unit and return to the clinic for a 1 year followup or sooner if necessary. The Request for Authorization dated 09/10/2013 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT SUPPLIES, QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation TENS 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** California MTUS Guidelines recommend TENS units as being not recommended as a primary treatment modality. While TENS may reflect the longstanding

accepted standard of care within many medical communities, the results of studies are inconclusive. The published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. While this injured worker does appear to be receiving benefit and pain relief from the TENS unit along with physical therapy, there is no documentation of improved functional abilities due to the use of a TENS unit. Additionally, the request does not specify what types of supplies are being requested. Therefore, the request for TENS unit supplies, quantity 1 is not medically necessary and appropriate.