

<b>Case Number:</b>	CM13-0066813		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 39 year old female who reported an injury on 03/07/2013 secondary to fall. The diagnoses included thoracic spine sprain/strain, lumbar spine sprain/strain, lumbar spine pain and left lumbar radiculopathy. The injured worker was evaluated on 09/18/2013 for reports of 9-10/10 upper and lower back pain radiating to the left buttocks, down the left leg and to the left foot. The exam noted tenderness with spasms to the thoracic and lumbar spine. The lumbar left lateral flexion was at 5 degrees, right lateral flexion, left rotation and right rotation were at 20 degrees. There was a slight decrease in sensation to pinprick and light touch at the L4-S1 dermatomes in the left lower extremity. The treatment plan included continued medication therapy. The request for authorization dated 11/04/2013 was in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SUPPLIES FOR TENS (TRANSCUTANEOUS ELECTRICAL STIMULATION)/EMS (ELECTRICAL MUSCLE STIMULATION)/ INTERFERENTIAL(IF) DEVICE (2 MONTHS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-117.

**Decision rationale:** The request for supplies for TENS (transcutaneous electrical stimulation)/EMS (electrical muscle stimulation)/ Interferential(IF) device (2 months) is not medically necessary. The Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a one-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. The criteria for the use of TENS include; documentation of pain of 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 (as an adjunct o ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial, 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 and 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. There is a lack of evidence in the documentation provided of the intended use or current use of a TENS/EMS/IF unit. Without the evidence of prescribed TENS/EMS/IF use, there is no evidence of the need for supplies. Therefore, based on the documentation provided, the request is not medically necessary.