

<b>Case Number:</b>	CM14-0000091		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 46 year old female who reported an injury on 07/27/2011 secondary to unknown mechanism of injury. The diagnosis included lumbar herniated disc. The injured worker was evaluated on 01/23/2014 for low back and bilateral leg pain. The injured worker indicated the TENS unit has helped quite a bit with the pain. The exam noted other modalities have been tried and failed, weak plantarflexors and dorsiflexors on the left, rated at 4+/5 and decreased sensation at the level of L5-S1 on the left leg. The treatment plan included TENS unit for muscle relaxation and pain management. The request for authorization dated 01/28/2014 is in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF TENS UNIT:** Upheld

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

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

**Decision rationale:** The request for purchase of TENS unit is not medically necessary. The California MTUS Guidelines do not recommend 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 to 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. Although the injured worker had a one-month trial of the TENS unit with subjective documentation of results, there was no evidence in the documentation provided of other pain modalities used, how often and the outcomes of the TENS unit use, or the treatment plan with the TENS unit. Therefore, based on the documentation provided, the request is not medically necessary.