

<b>Case Number:</b>	CM14-0001413		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	12/14/2006
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 69 year-old patient sustained an injury on 12/14/06 from missing bottem step of stairs and fell while employed by [REDACTED]. Request under consideration include TENS UNIT. The patient is s/p bilateral laminotomies at L3-4, microsurgical foraminotomies L3-5, L5-S1 on 9/24/07. Conservative care has included physical/occupational therapy; medications; multiple epidural steroid injections; and modified activities/rest. Report of 12/5/13 from the provider noted the patient with complaints of ongoing chronic low back pain with radiation into the lower extremities associated with numbness and weakness; pain rated at 6-8/10. Medications list Celexa, Bupropion; Cyclobenzaprin; and Diclofenac Sodium. Exam showed DTRs 2+ except for patella symmetrically at 1+; dminished light touch sensation at L5 on left dermatome; left antalgic gait; tenderness and trigger points of paraspinal muscles overlying facets and SI joints; lumbar spasm; SLR at 30 degrees with positive Patrick's; motor strength were normal with some 4+/5 in left knee extensors. Diagnoses include thoracic/lumbosacral neuritis or radiculitis; lumbosacral spondylosis without myelopathy. The request for TENS unit was modified for 30-rental on 12/16/13 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:** Upheld

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

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

**Decision rationale:** This 69 year-old patient sustained an injury on 12/14/06 from missing bottom step of stairs and fell while employed by [REDACTED]. Request under consideration include TENS unit. The patient is s/p bilateral laminotomies at L3-4, microsurgical foraminotomies L3-5, L5-S1 on 9/24/07. Conservative care has included physical/occupational therapy; medications; multiple epidural steroid injections; and modified activities/rest. Report of 12/5/13 from the provider noted the patient with complaints of ongoing chronic low back pain with radiation into the lower extremities associated with numbness and weakness; pain rated at 6-8/10. Medications list Celexa, Bupropion; Cyclobenzaprin; and Diclofenac Sodium. Exam showed DTRs 2+ except for patella symmetrically at 1+; diminished light touch sensation at L5 on left dermatome; left antalgic gait; tenderness and trigger points of paraspinal muscles overlying facets and SI joints; lumbar spasm; SLR at 30 degrees with positive Patrick's; motor strength were normal with some 4+/5 in left knee extensors. Diagnoses include thoracic/lumbosacral neuritis or radiculitis; lumbosacral spondylosis without myelopathy. The request for TENS unit was modified for 30-rental on 12/16/13 citing guidelines criteria and lack of medical necessity. Per 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 adjunction 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 chronic low back condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. The patient has no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered with 30-day rental trial. The TENS unit is not medically necessary and appropriate.