

<b>Case Number:</b>	CM14-0001902		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	12/08/2003
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Occupational Medicine 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 patient is an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of December 8, 2003. The treatment to date has included medications, physical therapy, chiropractic treatment, epidural injections, spinal cord stimulator trial, pain pump trial, and lumbar fusion L4-5. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain. On physical examination, there was tenderness in the left lower back. Straight leg raise test was positive bilaterally. The utilization review from December 20, 2013 denied the request for rental of transcutaneous electrical nerve stimulator (TENS) unit for three months and purchase of a conductive garment set because only a one-month trial of TENS unit is recommended by guidelines

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RENTAL OF TRANSCUTANEOUS ELECTRIC NERVE STIMULATOR (TENS) FOR THREE MONTHS AND PURCHASE OF A CONDUCTIVE GARMENT SET:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): (s) 114-116.

**Decision rationale:** According to pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include chronic intractable pain, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, although the patient complained of chronic pain, there was no discussion regarding failure of other treatment strategies. Furthermore, the medical records did not indicate treatment plans and goals for the use of a TENS unit. Lastly, the present request of TENS unit use for three months exceeds the guideline recommendation of a one-month trial. There is no clear indication for the use of a TENS unit at this time; therefore, the request for rental of transcutaneous electric nerve stimulator (TENS) for three months and purchase of a conductive garment set is not medically necessary.