

<b>Case Number:</b>	CM14-0005007		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/17/2009
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 71 year old male who reported an injury on 04/17/2009 secondary to an unknown mechanism of injury. A CT scan on 05/22/2009 revealed a compression fracture at L1 and L3. An MRI on 06/01/2011 revealed a 2mm disc protrusion at L5-S1. He also underwent a medial branch block in 02/09/2012, and a radiofrequency ablation at L4-5 and L5-S1 was requested thereafter. He was using Norco for pain, but it was noted that he was advised to discontinue Norco use in approximately 12/2012 after an episode of syncope. It was noted that he had been performing a home exercise program and using a TENS unit since at least 02/12/2013 which were "helpful to decrease pain" and his need to use medications. As of 09/11/2013, the injured worker was not using any medication per the clinical notes provided. The injured worker was evaluated on 12/04/2013 and reported low back of unknown severity which increased with activity. It was noted that he was no longer using the TENS unit because a request for supplies was not approved. On physical examination, the injured worker was noted to have tenderness over the lumbosacral junction and a positive straight leg raise. He was noted to exhibit 30 degrees of lumbar flexion and 6 degrees of lumbar extension. A request for authorization was submitted on 12/04/2013 for a TENS unit and supplies. A supplemental report on 02/24/2014 noted that the injured worker had been re-evaluated. It was noted that he was still not using any medications. The injured worker also reported an increase in symptoms and a decreased ability to perform his home exercise program since he had not been able to use the TENS unit. He reported that his pain decreased from 8/10 to 5/10 with previous use of the TENS unit. Physical examination findings were noted to be unchanged from the previous visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT AND SUPPLIES:** 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): 114-116.

**Decision rationale:** The request for a TENS unit and supplies is non-certified. California MTUS Guidelines recommend use of a TENS unit for chronic intractable pain lasting longer than three months when there is evidence that other appropriate pain modalities have been tried (including medication) and failed. The medical records submitted for review indicate the injured worker has used a TENS unit since at least 02/12/2013. He has been treated with medications previously. He was advised to discontinue one of his pain medications due to an episode of syncope, and he reported discontinuation of other pain medications due to significant pain relief achieved with the TENS unit and concurrent participation in a home exercise program. The injured worker reported that his pain decreased from 8/10 to 5/10 with the use of the TENS unit. At the time of the request, the injured worker reported increased pain and decreased ability to participate in his home exercise program due to the inability to use his TENS unit as he ran out of supplies for the unit. There is sufficient documented evidence of efficacy with the TENS unit to warrant continued use. However, the request as written is for a TENS unit and supplies. It has been documented that the injured worker has used a TENS unit at home for almost a year, and that he could no longer use it because he ran out of supplies. Therefore, it would appear that the injured worker needs only supplies at this time rather than an additional TENS unit with supplies. As such, the request for a TENS unit and supplies is not medically necessary and appropriate.