

<b>Case Number:</b>	CM14-0005992		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/19/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old female with a 10/19/08 date of injury. At the time of request for authorization for 1 TENS (transcutaneous electrical nerve stimulation) unit with supplies, there is documentation of subjective findings of chronic low back pain and objective findings of decreased lumbar range of motion. The current diagnoses are lumbar spondylosis and possible T11 fracture. The treatment to date includes ongoing therapy with TENS unit since at least 8/5/13 for 20-30 minutes daily with increased functioning, 75% reduction in pain, and reduction in use of medications; injections; medications; injections; and physical modalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 TENS(TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT WITH SUPPLIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 113-117.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis and possible T11 fracture. In addition, given documentation of ongoing treatment with TENS unit since at least 8/5/13 for 20-30 minutes daily with increased functioning, 75% reduction in pain, and reduction in use of medications; there is documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during previous use (including medication use). However, there is no documentation of the intended duration of treatment with the requested TENS unit with supplies. Therefore, based on guidelines and a review of the evidence, the request for 1 TENS (transcutaneous electrical nerve stimulation) unit with supplies is not medically necessary.