

<b>Case Number:</b>	CM14-0006738		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/17/2005
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 a 57 year old female who sustained a work related injury on 5/17/2005 as result of an unknown mechanism of injury. Since then the patient had complaint of neck pain, underwent cervical fusion on 06/01/12 that she did well with post-operatively. The patient also complaints of chronic 7/10 lower back pain. Examination reveals spasm present and a limited and painful range of motion. She has a positive Lasegue sign on the left with a left sided positive straight leg raise. Neurologically, she has 4/5 motor weakness on the left with a decreased sensation along the bilateral S1 dermatome. In dispute is a decision for a TENS unit purchase L5 spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT PURCHASE LS SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator based their decision on the MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION), 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 114-115.

**Decision rationale:** Not recommended 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, for the conditions described below. There has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation (ENS) of most types was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. There was only a single PR-2 that provided any detail regarding the patient's lumbar pain complaint. The lack of appropriate documentation makes it difficult to make an informed decision as to the care/ device requested. Unfortunately, until a more comprehensive picture can be provided as to the condition of the patient's lumbar spine, the requested use of a TENS unit is not medically necessary.