MAXIMUS Federal Services

| Case Number: | CM14-0009682 | | |
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| Date Assigned: | 03/07/2014 | Date of Injury: | 11/01/1985 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 01/10/2014 |
| Priority: | Standard | Application Received: | 01/23/2014 |

## 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 Geriatrics and is licensed to practice in New York. 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 65 year old man with a date of injury of 11/1/85 who underwent lumbar fusion in 1986. He was seen by his physician on 12/5/13 for low back pain which radiated to his lower extremities (right buttock, groin and anterior leg). His activities of daily living were improved with acupuncture with improvement in walking and standing. An MRI from 2012 showed multilevel moderate to severe disc osteophyte complexes with neural foraminal stenosis bilaterally. His medications including Lyrica were said to be effective. He was using a TENS unit BID which is at issue in this review. His physical exam showed tenderness over the lumbar spine but improved range of motion and he was no longer using a cane for ambulation. His diagnoses included displacement of lumbar disc without myelopathy status post L4-5-S1 fusion x 2 in 1986, thoracic or lumbrosacral neuritis or radiculitis, sleep disturbance, lumbar spinal stenosis, scoliosis and fall. His medications including Celebrex, MS Contin, Percocet and Lyrica were refilled. He was awaiting epidural injections at L5 to be approved and a back brace was recommended. At issue in this review is a TENS unit and conductive garment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CONDUCTIVE GARMENT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 113-117.

**Decision rationale:** TENS unit is 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Medications and acupuncture were documented as effective. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit is not documented and thus, a conductive garment for use with the TENS unit is also not approved.

**TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 113-117.

**Decision rationale:** TENS unit is 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Medications and acupuncture were documented as effective. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit is not documented.