

<b>Case Number:</b>	CM14-0102388		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 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 injured worker is a 48-year-old male who reported an injury on 03/27/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 06/12/2014 indicated diagnoses of low back pain and lumbar disc displacement and lumbar radiculopathy. He reported low back pain described as sharp, stabbing, burning and constant that radiated into the left leg more than the right, with numbness, paresthesia and weakness. He reported he had tried ice, heat application, NSAIDs, with no improvement. He reported left lower extremity numbness that radiated and had greater than 40% relief with lumbar epidural steroid injection on 04/28/2014. His pain was reported at 4/10 to 5/10. He was able to perform activities of daily living. On physical examination, there were paralumbar spasms with tenderness to palpation on the left and atrophy was present in the quadriceps. On forward flexion, the patient was able to reach to the knees, lateral bending to the right was 0 to 10 degrees, to the left 20 to 30 degrees with pain, extension measured 0 to 10 degrees right, left resisted rotation was diminished. Straight leg raise was positive at 40 degrees on the left. The injured worker's range of motion of the spine was limited secondary to pain. His deep tendon reflexes were absent at the knees and there was decreased sensation to light touch on the left and the lateral thigh. His treatment plan included refill medications. His prior treatments included diagnostic imaging, epidural steroid injections, and medication management. The provider submitted a request for a TENS unit and 1 year gym membership. The Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous Nerve Stimulator (TENS) Unit (rental or purchase unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Nerve Stimulation).

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

**Decision rationale:** According to the California MTUS guidelines, the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. Evidence is needed that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). There is a lack of evidence of a 1-month trial of a TENS unit in the documentation submitted. In addition, there was a lack of a treatment plan, including the specific short and long-term goals of treatment with the TENS unit. Moreover, the request did not indicate a body part for the TENS unit. Therefore, the request for TENS unit is not medically necessary.

**1 year gym membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Gym Membership.

**Decision rationale:** According to the Official Disability Guidelines (ODG), a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be

appropriate for patients who need more supervision. There is a lack of evidence of a home exercise program with periodic assessments which have been modified and remained effective. In addition, there was a lack of a care plan to include the professional that would be monitoring the injured worker while at the gym. Therefore, the request for gym membership is not medically necessary.