

<b>Case Number:</b>	CM14-0105535		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/12/2009
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Family Medicine 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 67 year old female who sustained an injury to her low back on 04/12/09. The mechanism of injury is not documented. The records indicate that the injured worker has recently undergone a regimen consisting of 6 physical therapy visits that have provided some benefit. A clinical note dated 07/23/14 reported that the injured worker has chronic back pain and radicular symptoms in the right leg status post lumbar fusion performed several years ago. The injured workers treatment has involved epidural steroid injections, physical therapy, Tramadol, home exercise program, sacroiliac joint injections and use of transcutaneous electrical nerve stimulation (TENS). The injured worker stated that physical therapy was moderately helpful in controlling pain and enhancing activities of daily living. The injured worker is not working and does not anticipate that she will be returning to work. A physical examination noted slight tenderness in the paralumbar soft tissues, especially on the right side; straight leg raising test negative bilaterally; sacroiliac joints are a little bit tender to deep palpation; reflexes are symmetrical at the knees and absent at the ankles; strength is grossly intact in the bilateral lower extremities. There was imaging studies provided for review. The injured worker was assessed to have chronic back pain, lumbar disc herniations, status post lumbar fusion, radicular symptoms in the legs; status post left hip arthroplasty and sacroiliac joint pain. Considering the good results with TENS, the injured worker was recommended for a TENS unit for permanent use at home. She was encouraged to continue exercising and continue treatment with Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TNES Unit for 30 day Rental, Lumbar Spine, left leg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 114-16.

**Decision rationale:** The previous request was denied on the basis that although there was documentation of pain of at least 3 months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed; however, there was no documentation of a statement identifying that 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 unit. There were no physical therapy notes provided for review that would indicate the injured worker's progression/regression through previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program. The California MTUS states that while TENS may reflect a longstanding 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. Several published evidence based assessments of TENS have found that evidence is lacking concerning effectiveness. Given this, the request for TENS unit for 30 day rental, lumbar spine and left leg is not indicated as medically necessary.