

<b>Case Number:</b>	CM14-0010180		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Occupational 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 patient is a 33-year-old male who has submitted a claim for lumbar radiculopathy and degenerative disc disease associated with an industrial injury date of March 13, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of lower back pain. Physical examination of the lumbar spine showed restricted ROM, positive lumbar facet loading bilaterally, 4/5 MMT of EHL on the left, decreased light touch sensation over the L5 and S1 dermatomes on the left, and 2/4 DTRs on both lower extremities. Treatment to date has included NSAIDs, opioids, muscle relaxants, home exercise programs, chiropractic sessions, acupuncture, physical therapy, TENS, and lumbar epidural steroid injection (12/18/13). Utilization review from January 16, 2014 denied the request for purchase of combo TENS unit with HAN and supplies because there was no evidence of a successful 1-month TENS trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of combo TENS (transcutaneous electrical nerve stimulation) unit with HAN and supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TEN unit (transcutaneous electrical nerve stimulation) unit; Neuromuscular Electrical Stimulation Page(s): 114-116; 121.

**Decision rationale:** A search of online resource revealed that GSM HD Combo is a combination of TENS / muscle stimulator. As stated on pages 114-116 of Chronic Pain Medical Treatment Guidelines, TENS units are 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. Page 121 states that there are no intervention trials suggesting benefit from neuromuscular electric stimulation for chronic pain; hence, it is not recommended unless following stroke. In this case, the patient complained of lower back pain. Patient has used a TENS unit at minimal level and reported decreased pain by 20% for one hour. However, there were no reports of failure of oral pain medications as evidenced by progress notes from January 6, 2014. In the said progress report, oral pain medications were noted to be working well. In addition, there were no reports of a successful 1-month TENS trial to establish necessity of a TENS unit purchase. Furthermore, the patient was not noted to be post-stroke to benefit from neuromuscular electric stimulation. Therefore, the request for purchase of combo TENS unit with HAN and supplies is not medically necessary.