

<b>Case Number:</b>	CM14-0010586		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/19/2006
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 45-year-old male with a reported injury date on 9/19/06; the mechanism of injury was not provided for review. The injured worker's diagnoses include lumbar disc disease and post laminectomy syndrome. The clinical note dated 12/17/13 noted severe pain to the low back rated 8/10. It was also noted that the injured worker was having difficulty with sleep. Upon examination, it was noted that there was decreased range of motion of the lumbar spine in flexion and extension. Additional exam findings include strength that was 5/5 bilateral in the lower extremities, decreased sensation to L5 dermatome, and absent patellar tendon reflexes. The treatment plan included a request authorization for TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE A TENS UNIT LOW BACK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR THE USE OF TENS, 116

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

**Decision rationale:** The California MTUS Guidelines do not recommend transcutaneous electrical nerve stimulation (TENS) as a primary treatment modality, but a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as adjunct to a program of evidence-based functional restoration if particular criteria met. This includes documentation of pain of at least three months, evidence that other pain modalities have been tried and failed, and a treatment plan including specific short and long term goals of treatment must be submitted. There is inadequate evidence provided within the documentation that the injured worker had failed other conservative treatments and there was a lack of an adequate treatment plan provided. Additionally, there is a lack of documentation provided that showed the injured worker had a functional restoration program in place to be used in conjunction with this requested device. Furthermore, there is a lack of rationale provided within the documentation why the injured worker would need to purchase this unit. As such, the request is not medically necessary.