

<b>Case Number:</b>	CM14-0010998		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	12/27/2013
<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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 44 year old male with an injury date of 02/09/10. Based on the 12/17/13 progress report provided by treating physician, the patient complains of low back pain rated 7/10 and right extremity pain. Patient ambulated to the examination room without assistance. Patient notes experiencing increased muscles spasms in his right lower extremity. Patient uses Capsaicin and Flexeril topical lotions as needed with benefit and improved function. Patient had lumbar epidural steroid injection in 2012 with temporary relief and wishes to continue with conservative care. Patient has trialed a TENS in the past with pain relief. MRI of the lumbar spine 04/29/10; Moderate degeneration of the L4-5 disc associated with broad-based disc bulging and a focal right posterolateral subligamentous disc herniation. Degeneration of the L5-S1 disc with minimal broad-based posterior bulging of the disc without evidence for herniation. The Diagnosis of 12/17/13, lumbar disc displacement without myelopathy, disorders sacrum, sciatica. The utilization review determination being challenged is dated 12/27/13. Treatment reports were provided from 01/08/13 - 12/17/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: E0720 TENS Unit Trial/Rental: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of TENS: Chronic Intractable Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS in Chronic Intractable Pain Page(s): 116.

**Decision rationale:** The patient presents with low back pain rated 7/10 and right extremity pain. The request is for DME: E0720 TENS Unit Trial/Rental. Patient ambulated to the examination room without assistance. Patient notes experiencing increased muscles spasms in his right lower extremity. Patient uses Capsaicin and Flexeril topical lotions as needed with benefit and improved function. Patient had lumbar epidural steroid injection in 2012 with temporary relief and wishes to continue with conservative care. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." Treater has not stated reason for the request, nor indicated what body part the TENS unit would be used for. Treater has documented in progress report dated 12/17/13 that "patient has trialed a TENS in the past with pain relief." Patient's diagnosis dated 12/17/13 included lumbar disc displacement without myelopathy, disorders sacrum and sciatica. Based on MTUS guidelines, a 30 day trial of TENS appears reasonable given patient's pain relief, diagnosis and radicular symptoms. The request is medically necessary.