

<b>Case Number:</b>	CM14-0011879		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/14/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 50-year-old female who has submitted a claim for lumbar stenosis, lumbar radiculitis, chronic pain syndrome, lumbar spondylosis, lumbar degenerative disc disease and low back pain associated with an industrial injury date of 08/14/2009. The medical records from 01/25/2013 to 02/19/2014 were reviewed and showed that the patient complained of aching low back pain graded 6-9/10 which was aggravated with standing, lifting, walking and lying flat. A physical examination revealed minimal tenderness over the paraspinal muscles bilaterally. An MMT of the bilateral lower extremities was 5/5. Sensation to light touch was intact and equal. The physical examination was limited because the patient was wheelchair-bound. Treatment to date has included physical therapy, Tinazidine, Lodine, Norco, Tramadol, and Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One replacement of transcutaneous electrical nerve stimulation unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (Tens) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Transcutaneous Electrical Nerve Stimulation (Tens) Page(s): 114-116.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, TENS is 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. 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. In this case, the patient was noted to be non-participatory in functional restoration activities based on the medical records (02/19/2014). A discussion for the replacement of TENS unit was based on the relief the patient had years ago. There has been no documentation of recent functional improvement with the recent use of a tens unit and the pain has remained unchanged. Therefore, the request for one replacement of transcutaneous electrical nerve stimulation unit is not medically necessary.