

<b>Case Number:</b>	CM14-0012718		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/17/1997
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 58-year-old male who has submitted a claim for lumbar strain associated with an industrial injury date of 03/17/1997. Medical records from 11/15/2013 to 01/30/2014 were reviewed and showed that patient complained of persistent low back pain (grade not specified). Physical examination revealed a normal gait. Lumbar ROM was slightly decreased. MMT, DTR, and sensation to light touch of bilateral lower extremities were intact. SLR test on bilateral lower extremities was negative. X-ray of the lumbosacral spine dated 11/01/2013 revealed mild multilevel spurs and mild intervertebral disc space narrowing at L1-L2. MRI of the lumbar spine dated 11/04/2013 revealed mild degenerative disc and facet joint disease at multiple levels and mild bilateral recess and neuroforaminal stenosis at L4-5 level. The treatment to date has included physical therapy, TENS, acupuncture and pain medications. Utilization review decision and rationale for Home TENS UNIT dated 01/06/2014 was not attached with the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

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

**Decision rationale:** According to California MTUS Chronic Pain 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, although there was documentation of the patient being active in a HEP, there was no objective documentation of functional improvement or pain relief from recent TENS treatment. There was no discussion to support the need for use of TENS home unit. The request likewise failed to specify body part to be treated, and if the device is for rental or purchase. Therefore, the decision for Home TENS Unit is not medically necessary.