

<b>Case Number:</b>	CM14-0013730		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 53-year-old male who has submitted a claim for C4-5 and C5-6 disc bulge, status post L4-5 fusion, and lumbar spine degenerative disc disease associated with an industrial injury date of October 14, 2008. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic neck and lower back pain. Physical examination showed tenderness across the cervical spine, positive facet loading, spasms of the paralumbar muscles, restricted cervical and lumbar range of motion, positive Lasegue bilaterally, and positive straight leg raise bilaterally at 60 degrees. Treatment to date has included Nonsteroidal Anti-inflammatory Drugs (NSAIDs, opioids, antidepressants, anticonvulsants, chiropractic sessions, acupuncture, physical therapy, and trigger point injections. Utilization review from January 17, 2014 denied the request for TENS unit because the records do not establish that the patient has failed appropriate pain modalities for the patient's condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 TENS unit Page(s): 114-116.

**Decision rationale:** As stated on pages 114-116 of the California Medical Treatment Utilization Schedule (MTUS) 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. Criteria for the use of TENS unit include pain of at least three months duration, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient complained of chronic neck and lower back pain. However, there was no clear indication that the patient failed other appropriate pain modalities. In addition, the request did not indicate whether the unit will be used for trial/rental or purchase. Body part to be treated is likewise not indicated. The request is incomplete. Therefore, the request for TENS unit is not medically necessary.