

<b>Case Number:</b>	CM14-0017317		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	01/19/2000
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 has submitted a claim for lumbar spinal stenosis associated with an industrial injury date of January 19, 2000. Treatment to date has included oral and topical analgesics, muscle relaxants, TENS, home exercise program, physical therapy, chiropractic therapy, lumbar cortisone injections and lumbar surgery. Medical records from 2013 to 2014 were reviewed and showed complaints of low back pain with difficulty in performing her ADLs. Physical examination showed tenderness over the lumbar area with spasms. Range of motion is decreased and straight leg raise elicits low back pain. The patient underwent lumbar spine surgery on January 28, 2014 and was prescribed with a TENS unit on February 14, 2014 to decrease medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT, 30 DAY RENTAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As stated on page 114 of CA 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, if used as an adjunct to a program of evidence-based functional restoration. In this case, the patient had prior usage of TENS, and the most recent note written on July 2013 stated that it provided 60% pain relief. However, medical records submitted and reviewed do not provide any evidence that patient is still continuing her home exercise program which is a requisite adjunct for TENS. Moreover, as stated in page 116, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was no documentation submitted regarding specific goals that should be achieved with the use of TENS. The guideline criteria have not been met. Therefore, the request for TENS unit 30 day rental is not medically necessary.