

<b>Case Number:</b>	CM14-0129102		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	12/12/2006
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 47-year-old female with a reported date of injury on 12/12/2006. The injury reportedly occurred when the injured worker was banding a case and strained her back. Her diagnoses were noted to include herniated disc to the lumbosacral spine, lumbar radiculitis/neuritis. Her previous treatments were noted to include surgery and medications. The progress note dated 05/28/2014 revealed complaints to the lumbar spine, status post fusion surgery. The injured worker indicated she had fallen in her tub and felt pain everywhere. The injured worker reported the pain medications were effective and suffered a loss with the death of her son and increased insomnia. The physical examination revealed a well healed incision to the lumbar spine with positive tenderness over the bilateral sacroiliac joints, left greater than right, positive Faber test with decreased range of motion with pain and decreased sensory to the left sacroiliac dermatome. The Request for Authorization form dated 06/25/2014 was for a TENS unit with supplies and replacement batteries; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**New TENS (Transcutaneous electrical nerve stimulation) unit replacement with supplies:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation).

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

**Decision rationale:** The request for New TENS (Transcutaneous electrical nerve stimulation) unit replacement with supplies is not medically necessary. The injured worker has utilized medications for pain. The California Chronic Pain Medical Treatment Guidelines do not recommend TENS 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. The guidelines criteria for the utilization of TENS are Documentation of pain of at least three months duration. There must be evidence that other appropriate pain modalities have been tried (including medication) and failed. 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. There is a lack of documentation regarding the injured worker's prior usage of the TENS unit and lack of documentation regarding medication usage or objective functional deficits with no longer utilizing the TENS. The long term use of TENS requires occasional follow-up, and, as far as replacement of the TENS unit, there was a lack of documentation as to how it provided any benefit, the frequency of usage that it was actually used, and other treatment modalities used during the use of TENS. Therefore, the request is not medically necessary.