

<b>Case Number:</b>	CM14-0138785		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/08/2000
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 41 year old male with date of injury 11/8/2000. The mechanism of injury is stated as a slip and a fall. The patient has complained of low back pain and knee pain since the date of injury. He has been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the lumbo-sacral spine. Treatment plan and request: TENS unit, 1 month rental and supplies for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit 1 month rental and supplies for Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 113-114.

**Decision rationale:** This 41 year old male has complained of low back pain and knee pain since date of injury 11/8/2000. He has been treated with physical therapy and medications. The current request is for TENS unit, 1 month rental and supplies for the lumbar spine. Per the MTUS guidelines cited above, TENS unit 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 function restoration for the following conditions: neuropathic pain to include diabetic neuropathy and post-herpetic neuralgia, chronic regional pain syndrome I and II, phantom limb pain, spasticity in spinal cord injury and multiple sclerosis. There is no documentation in the available medical record of an ongoing or intended implementation of a functional restoration program to be utilized in conjunction with a trial of TENS unit rental as recommended by the MTUS. Additionally, there is no physical examination documentation or listed diagnoses of neuropathic pain, chronic regional pain syndrome, phantom limb pain, spinal cord spasticity or multiple sclerosis. On the basis of the above MTUS guidelines and available medical record documentation, a TENS unit one month rental and supplies for the lumbar spine is not indicated as medically necessary.