

<b>Case Number:</b>	CM14-0151503		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of September 10, 2008. A utilization review determination dated August 28, 2014 recommends non-certification of Oxycodone, Norco, Naproxen, massage, and TENS. A report dated July 31, 2014 states that the patient's pain medications help him remain functional. He would also like to use a TENS stimulator that he can place on his lumbar spine at home and at work. His current complaints include moderate to severe pain in the lumbar spine, right posterior thigh pain, and a sleep disturbance. Physical examination identifies tenderness to palpation in the lumbar facet joints, paresthesia of L4 down the right lower extremity, and normal strength in the lower extremities. Diagnoses include lumbar disc bulges, lumbar disc disease, lumbar spondylosis, right lumbar neuralgia, lumbar facet joint pain, and opioid dependence. The treatment plan recommends a TENS unit, medication, deep tissue massage, and radiofrequency ablation.

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.