

<b>Case Number:</b>	CM14-0152622		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/10/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 & Rehabilitation, 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 68-year-old male, who has submitted a claim for lumbosacral strain/arthrosis/discopathy with foraminal stenosis associated with an industrial injury date of 04/10/2009. Medical records from 2014 were reviewed, which showed that the patient complained of constant back pain, particularly on the right side. The patient reported that prolonged sitting increased his low back pain. Physical examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles of the right side. The straight leg raise test was negative bilaterally. Treatment to date has included oral medications, epidural steroid injection, home exercise program and trial of TENS unit. Utilization review from 09/09/2014 denied the request [REDACTED] Tens Unit. The criteria for use of TENS is a one month trial period of TENS unit that should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used. The records submitted for review indicated that the patient had a trial use of the [REDACTED] brand TENS unit which increased the patient's ADLs, decreased his pain level, and decreased his pain medication consumption. However, the records submitted for review failed to indicate the duration of the trial. Furthermore, the records submitted for review failed to include documentation of how often the unit was used, the amount of pain relief using a VAS and specific objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **TENS Unit:** Upheld

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

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

**Decision rationale:** A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. 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 period. In this case, documentation did not mention any prior trial or use of a TENS unit. Patient complained of low back pain despite medications and epidural steroid injection, A trial of one-month home-based TENS may be considered as an option for this patient. However, the specific body part to be treated was not included in the request. The request likewise failed to specify intended duration of treatment period and if device is for rental or purchase.. The medical necessity has not been established. Therefore, the request for [REDACTED] TENS unit is not medically necessary.