

<b>Case Number:</b>	CM14-0156861		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	07/02/1993
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Interventional Spine 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 59 year old male with an injury date of 07/02/93. Per the 07/28/14 report by [REDACTED], the patient presents with constant lower back pain radiating mostly to the left side and groin and pain over the tail bone when laying down or sitting up. Pain is rated 5/10. On palpation there is paravertebral muscles tenderness, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation) is noted on both the sides. Multiple myofascial trigger points are noted. The patient cannot walk on heels or toes. Straight leg raising test is positive on both sides. The patient's diagnoses include: 1. Lumbar Disc Displacement Without Myelopathy2. Other General SymptomsCurrent medication is listed as Naproxen, Lidoderm Patch, Aspirin and Fosinopril Sodium. The utilization review being challenged is dated 09/05/14. Two treatment reports were provided from 07/28/14 to 09/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement patches for TENS unit for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 146.

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

**Decision rationale:** The patient presents with constant lower back pain radiating mostly to the left side and groin and pain over the tail bone when laying down or sitting up. The treater requests for Replacement patches for TENS unit for the lumbar spine. The treater states the patient uses the TENS unit QD 20 minutes to half hour. MTUS for TENS require documentation of pain reduction with functional improvement for home use. TENS units are indicated for neuropathic pain, spasticity, MS, phantom pain and CRPS. On 07/28/14 the treater states the patient finds the TENS unit helpful; however, there is no discussion of pain relief as it relates to improvements in function. Moreover, the patient does not present with neuropathic pain, but pain that is mostly axial lumbar and coccyx pain for which TENS units are not indicated therefore request is not medically necessary.