

<b>Case Number:</b>	CM14-0157674		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	05/15/2008
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/19/2014
<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 injured worker is a 58 year old with an injury date on 5/15/08. The injured worker complains of constant achy low lumbar pain, left > right radiating to the hips and sometimes to right buttock without numbness/tingling per 8/11/14 report. Patient complains of spasms in back with certain movements, cramps in the posterior legs, and worsening pain in the past year per 8/11/14 report. Patient's physical therapy (which has included TENS unit use) has been effective per 8/11/14. Based on the 8/11/14 progress report provided the diagnoses are lower back pain with radiation to right posterior thigh and discogenic lower back pain. Exam on 8/11/14 showed "range of motion of lumbar diminished in all fields. Pain with flexion/extension. Tender facet joints at L3 through S1. Reflexes of lower extremities are 1+. Straight leg raise positive on right with pain down posterior upper thigh." Patient's treatment history includes electrical stimulation, and acupuncture. The utilization review determination being challenged is dated 9/19/14 and denies TENS leads due to lack of documentation that patient is using it in conjunction with functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens four lead:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Stimulation (TENS) Page(s): 22, 68, 114.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines for TENS, chronic pain (transcutaneous electrical nerve stimulation)

**Decision rationale:** Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient does present with neuropathic pain down the leg or radicular symptoms, and the treating physician has requested a month-long TENS unit trial as it has proven effective in physical therapy. The requested TENS four leads are reasonable for this patient's condition. Therefore, the request for a Tens four lead is medically necessary and appropriate.