

<b>Case Number:</b>	CM14-0163077		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	12/08/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Family Medicine, 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 39-year-old male patient who reported an industrial injury to the lower back on 12/8/2013, 11 months ago, attributed to the performance of his usual and customary job tasks reported as a slip and fall. The patient complained of lower back pain radiating to the left lower extremity. The patient reported numbness and tingling to the left lower extremity. The patient also complained of left knee pain and vision problems subsequent to the cited date of injury. The patient was noted to have been treated with 15 sessions of physical therapy and six (6) sessions of acupuncture. The objective findings on examination included "anxious and depressed; antalgic gait on the left; spasms were noted to the lumbar paraspinal muscles and stiffness noted in the lumbar spine; tenderness noted to the lumbar facet joints; dysesthesia noted to light touch in the left L5 and S1 dermatomes; SLR aggravated pain left side; limited mobility or decreased range of motion to the lumbar spine." The MRI lumbar spine dated 2/27/2014, documented evidence of central canal stenosis L4-L5 and L5-S1. Large left-sided calcified disc herniation L5-S1. Bilateral lateral recess narrowing at L4-L5. There was a small spinal canal on a congenital basis. The diagnoses included low back pain, lumbar degenerative disc disease, lumbar radiculopathy, and spinal canal stenosis. The treatment plan included the purchase of a TENS unit; aquatic physical therapy; tramadol; and Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial TENS unit purchase:** 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 unit chronic pain Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand--TENS unit; Pain chapter--TENS unit

**Decision rationale:** The requesting provider did not provide subjective/objective evidence to support the medical necessity of the TENS Unit or the electronic muscle stimulator for the treatment of the back other than the recommended 30-day trial rental. The ACOEM Guidelines do not recommend the use of TENS Units for neck, shoulder, elbow, or wrist as there is no objective evidence available to support their use. There is no demonstrated medical necessity for a TENS unit as a free standing treatment modality without the documentation of a functional restoration effort. It is recommended that the patient undergo a 30-day trial to demonstrate functional improvement prior to the purchase of a TENS unit for the treatment of the lumbar spine chronic pain issues. There is no justification for the use of the 4-lead TENS unit as required by the CA MTUS. The use of the TENS unit for the treatment for the wrist/hand/forearm is not recommended by the CA MTUS or the ACOEM Guidelines. There is no objective evidence provided to support the medical necessity of the requested TENS Unit or electric muscle stimulator for the treatment of the back for the effects of the industrial injury. There was no documented functional improvement with use of a TENS unit in physical therapy; no documented 30-day trial rental; and no documented ongoing restoration program directed to the lower back. The TENS unit is directed to chronic back pain issues with a date of injury 11 months ago. The CA MTUS and the Official Disability Guidelines only recommends the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. The TENS Unit is recommended for only chronic intractable pain. There was no provided documentation that the patient was participating in a self-directed home exercise program. The ACOEM Guidelines revised back chapter 4/07/08 does recommend the use of the TENS Unit for the treatment of chronic lower back pain; however, it must be as an adjunct to a functional rehabilitation program and ongoing exercise program. The CA MTUS only recommend the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. There are no recommendations for the use of the TENS Unit in the treatment of the back. There is no objective evidence provided by the requesting provider that the same results cannot be achieved with a home exercise program established for functional rehabilitation with strengthening and conditioning directed to the hand. There is no demonstrated medical necessity for the purchase of a TENS for the rehabilitation of the chronic pain to the lower back without an initial 30-day trial to demonstrate evidence of functional improvement therefore, this request is not medically necessary.