

<b>Case Number:</b>	CM14-0170055		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	06/01/2008
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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, 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 60-year-old male with date of injury of 06/01/2008. The listed diagnoses per [REDACTED] from 08/22/2014 are: 1. Lumbar degenerative disk disease. 2. Lumbar radiculopathy. 3. Myofascial pain. According to this handwritten progress report, the patient reports increased low back pain at a rate of 5/10 without activities. He utilizes a TENS unit and is performing his home exercise program. The examination shows the patient is dressed appropriately, appears to be in no apparent discomfort. No other findings were noted on this and any other reports. The utilization review denied the request on 10/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for electrodes #2:** Upheld

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

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

**Decision rationale:** This patient presents with low back pain. The treater is requesting a retrospective request for electrodes, quantity #2. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality but a 1-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. The records do not show how the patient was utilizing the TENS unit, how often it was used, and what outcome measures were reported in terms of pain relief and function. In this case, MTUS Guidelines recommends a 1-month trial of TENS unit to determine its efficacy in terms of pain relief and function before a purchase is to be allowed. The request is not medically necessary.

**Retrospective request for TENS Unit for purchase:** Upheld

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

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

**Decision rationale:** This patient presents with low back pain. The treater is requesting a retrospective request for a tens unit purchase. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality but a 1-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. The records do not show that the patient has trialed a TENS unit in the past. In this case, MTUS Guidelines recommends a 1-month trial of TENS unit to determine its efficacy in terms of pain relief and function before a purchase is to be allowed. The request is not medically necessary.