

<b>Case Number:</b>	CM14-0177434		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	10/12/2005
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 North Carolina. 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 65-year-old with a reported date of injury of 10/12/2005. The patient has the diagnoses of lumbar spine sprain/strain, lumbar disc protrusion at L3/4-L5/S1 and degenerative disc disease. The reports provided by the primary care physician for review are hand written and mostly illegible. The most recent progress report dated 09/26/2014 indicates the patient has continued low back pain with associated spasm and radiation to the bilateral lower extremities rated a 6-9/10. The physical exam noted low back tenderness, limited range of motion, positive bilateral straight leg raise, sciatic notch tenderness and spasm. Treatment plan recommendations included an updated MRI, home care services, medication modification, and replacement of TENS unit and continuation of home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement interferential stimulator unit (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** The California chronic pain medical treatment guidelines section on TENS therapy states: TENS, chronic pain (transcutaneous electrical nerve stimulation) Not recommended as a primary treatment modality, but a one-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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. TENS therapy is not recommended for primary treatment. It is recommended for a one-month trial period and then to be used in adjunct to a program of evidence based functional restoration. The documentation only mentions that the patient's home TENS unit has been inoperable for 2 weeks with no objective outcome measures on its efficacy. Thus criteria have not been met for its use per the California MTUS and the request is not medically necessary.