

<b>Case Number:</b>	CM14-0177621		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	10/30/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/08/2014
<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 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 61-year-old female with a date of injury of 10/30/2011. The requesting physician is [REDACTED]. [REDACTED] does not provide any progress reports for review. Progress reports 06/18/2014 through 09/19/2014 were provided by [REDACTED]. The listed diagnoses per [REDACTED] are: 1. Lumbar spine sprain/strain. 2. Ligamentous/muscle strain and spasm. 3. Quadratus lumborum pain. 4. Chronic failed pain syndrome. According to progress report 09/19/2014, the patient presents with continued low back pain. The patient's treatment to date includes medications and therapy. Physical examination revealed limited range of motion of the lumbar spine. Flexion and extension of 20 degrees are limited by pain. There is tenderness to palpation in the lumbar paraspinal and along the quadratus lumborum. The utilization review from 10/08/2014 reviewed progress report by [REDACTED] from 07/07/2014. This report states the patient has continued low back pain that radiates into the buttocks, legs, and foot. The patient was noted to be taking tramadol for pain relief. It was noted the treating physician is requesting the patient undergo liver function test, metabolic panel, urine tox screen, psychiatric evaluation, acupuncture treatments, and a home TENS unit trial. This is a request for a TENS unit. Utilization review denied the request on 10/08/2014. Treatment reports from 06/18/2014 through 09/19/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of TENS (transcutaneous electrical nerve stimulation) unit for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, Chronic pain (transcutaneous).

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

**Decision rationale:** Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the physician is requesting a purchase of a TENS unit, but does not document a successful home one-month trial. Therefore, Purchase of TENS (transcutaneous electrical nerve stimulation) unit for the Lumbar Spine is not medically necessary.