

<b>Case Number:</b>	CM14-0182027		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	11/12/2000
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Occupational 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:

The patient is a 63-year-old male who has submitted a claim for lumbago associated with an industrial injury date of November 12, 2000. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic low back pain with radicular symptoms to his bilateral lower extremities. Physical examination revealed tenderness throughout the lumbar spine, negative seated straight-leg raise, and intact neurologic examination of the lower extremities. A lumbar spine MRI report dated 8/13/02 noted impression of degenerative disc changes most severe at L3-4 and L5-S1. The greatest degree of central canal stenosis is present at L3-4 related to ridge bulge and to a lesser extent ligamentous and facet hypertrophy. Neuroforaminal stenoses are also demonstrated from L3-4 through L5-S1 related to ridge bulge and facet hypertrophy. Treatment to date has included medications and TENS unit. The utilization review from October 15, 2014 denied the request for TENS Supplies for a year. The reason for the denial was not identified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Supplies for a year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; Transcutaneous Electrical Nerve Stimulation Page(s): 114;114-11.

**Decision rationale:** Page 114 of the CA MTUS Chronic Pain Medical Treatment Guidelines state TENS units are 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. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient had persistent chronic pain in the low back area despite use of medications. A progress note dated 10/7/2014 mentioned that the patient requires more electrode pads for his TENS unit implying that he had already used TENS before. It is not known how long had the patient been using TENS unit. There was also no documentation of its outcome in terms of pain relief and improvement of activities of daily living. Moreover, given that the patient was scheduled for re-evaluation in two months, it is unclear why the patient needs a prescription for 1 year. There is insufficient information to determine whether the patient will benefit from the requested device. Therefore, the request for TENS supplies for a year is not medically necessary.