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| <b>Case Number:</b>   | CM14-0022808 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 10/02/2012 |
| <b>Decision Date:</b> | 07/15/2014   | <b>UR Denial Date:</b>       | 02/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/24/2014 |

### 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 injured worker is a 34 year old male who reported an injury on 10/02/2012 due to an unspecified mechanism of injury. On 01/30/2014 he reported pain of 6/10. A physical examination revealed tenderness at the paraspinals, dorsiflexion and plantar flexion 5/5 bilaterally, normal gait, and normal sensation for light touch at L5-S1 paraspinals bilaterally. Diagnoses included right-sided L5-S1 and S2 paraspinals, status post motor vehicle accident on 12/09/2013, and lower back pain with chronic lower back pain history. Previous treatments included lumbar epidural injection, pain medications, physical therapy, and use of Transcutaneous Electrical Nerve Stimulation (TENS) unit. Medications included Tylenol, Norflex 100mg, Norco (discontinued), and Neurontin 600mg. The treatment plan was for a one month rental EMPI select TENS unit. The request for authorization and rationale were not provided in the documentation for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**'EMPI SELECT' TENS UNIT FOR ONE MONTH RENTAL (IF APPROVED, PLEASE ADDRESS WHETHER THIS SPECIFIC BRAND/TYPE IS NEEDED):** Upheld

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

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

**Decision rationale:** In the documentation provided the injured worker stated that use of the TENS unit had helped decrease "some of his pain". It was also noted that he had used a physiatrist-directed home exercise program. 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 program of evidence-based functional restoration. The requesting physician's report lacks documentation of functional restoration along with information about the home exercise program. In addition, California MTUS guidelines state that a 2-lead unit is generally recommended (if different there must be documentation of why this is necessary), other ongoing treatment should be documented, and documentation of how often the unit was used as well as outcomes in terms of pain relief and function should be documented. The injured worker stated that he had "some" pain relief with the TENS unit, however, functional status after usage was not documented. Also, there was no documentation regarding the necessity of an EMPI select TENS unit. The documentation provided lacks the necessary information needed to warrant the request. Given the above, the request is not medically necessary and appropriate.