

<b>Case Number:</b>	CM14-0026728		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 48-year-old female who was reportedly injured on May 30, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated January 2, 2014, indicates there are ongoing complaints of low back pain. The physical examination demonstrated tenderness of the lumbar spine and decreased lumbar spine range of motion. There was a positive right-sided straight leg raise. Paraspinal spasms were noted to be decreased from prior. There was a recommendation for a lumbar support brace and continued use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Previous treatment includes a left-sided L3 - L4 and L4 - L5 hemilaminotomy. A request was made for a Transcutaneous Electrical Nerve Stimulation (TENS) unit for a 60 day trial and was not certified in the pre-authorization process on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT FOR A SIXTY (60) DAY TRIAL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-115.

**Decision rationale:** The Chronic Pain Guidelines indicate that the usage of a Transcutaneous Electrical Nerve Stimulation (TENS) unit is 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. Its usage is intended for individuals with neuropathic pain. According to the attached medical record and the most recent documented visit on January 2, 2014, there is no documentation that the injured employee has neuropathic pain or a radiculopathy. Additionally this request is for a sixty (60) day trial and guidance is recommended for an initial thirty (30) day trial. For these multiple reasons this request for a TENS unit is not medically necessary.