

<b>Case Number:</b>	CM14-0030454		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 37-year-old male who reported an injury on 10/19/2012. The mechanism of injury was not provided. The MRI of the lumbar spine done on 12/14/2012 revealed L3-4 one to two mm disc bulge and an L4-5 three mm broad base disc bulge and facet ligamentum flavum hypertrophy resulting in bilateral neuroforaminal compromise and spinal stenosis, an L5 to S1 two to three mm central disc protrusion and facet hypertrophy which did not result in spinal stenosis nor neuroforaminal narrowing. The clinical note dated 07/11/2013 noted the injured worker presented with low back pain radiating to the bilateral feet. Upon examination, the injured worker's lumbar range of motion values were 40 degrees of flexion, 15 degrees of extension, 15 degrees of right lateral flexion, 15 degrees of left lateral flexion, 15 degrees of right rotation, and 15 degrees of left rotation, tenderness upon palpation to the lumbar paraspinals, an equivocal seated straight leg raise bilaterally, 5/5 motor strength symmetrical in the lower extremities, and decreased light touch sensation to the L4 bilaterally, and 2/4 deep tendon reflexes bilaterally to the patella and achilles. Prior treatment included a TENS unit as needed, Norco, and home exercise and stretching. The diagnoses were lumbar sprain/strain, lumbar spondylosis, lumbar degenerative disc disease, muscle spasm, hypertension asymptomatic, and lumbar radiculopathy. The provider recommended a TENS unit with a quantity of 1. The provider's rationale was not provided. The request for authorization form was dated 01/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit with RFA 1-3-14 QTY: 1.0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Tens Page(s): 116.

**Decision rationale:** The request for a TENS unit with a quantity of 1 is not medically necessary. The California MTUS does not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive, conservative option, if used as an adjunct to a program with evidence based on functional restoration. The results of studies are inconclusive. The published trials do not provide information on the simulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. The efficacy of the previous courses of conservative care was not provided. The efficacy of the prior TENS therapy was not provided. The included documentation did not indicate if the injured worker underwent an adequate TENS trial. The provider's request did not indicate whether the injured worker needed to rent or purchase the TENS unit. Therefore, the request is not medically necessary.