

<b>Case Number:</b>	CM14-0038028		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/08/1991
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 43 year old male with date of injury of 2/8/1991. A review of the medical records indicate that the patient is undergoing treatment for chronic neck pain with cervical degenerative disc disease, chronic low back pain with lumbosacral degenerative disc disease, neuropathic pain, myofascial pain, chronic pain syndrome. Subjective complaints include ongoing low back pain radiating with numbness to the left lower extremity. Objective findings include tenderness in the midline low back and left sacroiliac join, with range of motion being 50% in all direction. A recent MRI showed degenerative disc changes at L5-S1. Treatment has included anterior cervical fusion at C5-C6 and laminectomy at L5-S1, several medial branch blocks, vicodin, gabapentin, and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists. The MTUS further states that it is not recommended as an isolated intervention. And details possible criteria for selection that pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. The treating physician's progress notes do not indicate a one month trial or any functional gains from such a trial. As such, the purchase of a TENS unit is not medically necessary.