

<b>Case Number:</b>	CM14-0041394		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/20/2006
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Internal 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:

Primary treating physician's progress report dated January 20, 2014 was provided by [REDACTED]. Subjective complaints were low back pain which radiates to the left buttock. Percocet and Flexeril provide benefit. Low back injured at work in 2006 while dealing with a drunken person. He is presently full duty. Objective findings included lumbar tenderness, decreased range of motion, positive straight leg raise test, normal deep tendon reflex, gait with limp, MRI positive for L4-L5 and L5-S1 disc bulges. Diagnoses were muscle spasm, lumbago, lumbar radiculopathy, and lumbar strain. Treatment plan included Percocet, Flexeril, Soma, MRI, epidural steroid injection, home exercises, TENS. Utilization review dated 03-28-2014 recommended non-certification of the request for TENS (Transcutaneous nerve stimulation) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: TENS unit for purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page 114-117 Functional restoration programs (FRPs) Page 49 Page(s): 114-117, 49.

**Decision rationale:** Medical treatment utilization schedule (MTUS) addresses transcutaneous electrical nerve stimulation (TENS). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints Summary of Recommendations for Evaluating and Managing Low Back Complaints (Table 12-8) states that TENS units are not recommended for low back conditions. MTUS Chronic Pain Medical Treatment Guidelines state that TENS does not appear to have an impact on perceived disability or long-term pain. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. TENS is not recommended as a primary treatment modality, but TENS may be considered as an option, if used as an adjunct to an evidence-based functional restoration programs (FRP) for the conditions described below. Complex regional pain syndrome CRPS I, CRPS II, diabetic neuropathy, post-herpetic neuralgia, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis are the conditions that may be consider according to MTUS guidelines. Therefore, TENS (Transcutaneous Electrical Nerve Stimulation) unit for purchase is not medically necessary.