

<b>Case Number:</b>	CM14-0044574		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/20/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 stated to be a 52-year-old female on the 03/07/2013 note; the date of birth was not disclosed. She reported an injury on 02/02/2009 due to cumulative trauma. On 05/07/2013, the injured worker presented with low back pain. Upon examination, there was constant low back pain radiating to the bilateral legs. There was numbness and tingling in her calves with difficult range of motion. There were reports of lack of sleeping and awakening with pain and discomfort. There was a negative Spurling's bilaterally. There was tenderness to palpation over the bilateral trapezius. The provider recommended a refill of pad for BQ interferential unit; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill of pad for BQ interferential unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation ODG, Interferential Stimulation, Pain.

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

**Decision rationale:** The request for Refill of pad for BQ interferential unit is not medically necessary. The California MTUS guidelines do not recommend a TENS unit as a primary treatment modality. 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. The results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There is a lack of documentation indicating significant deficits upon physical exam. The efficacy of the injured workers previous courses of conservative care was not provided. It was unclear if the injured worker underwent an adequate TENS trial. The request is also unclear as to if the injured worker needed to rent or purchase the TENS unit. As a Tens unit would not be medically warranted, a BQ interferential refill pad would not be medically necessary.