

<b>Case Number:</b>	CM14-0059935		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 41-year-old male with a reported date of injury on 03/02/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar failed back syndrome, lumbar radiculopathy, and lumbar facet joint disease. His previous treatments were noted to include medications, transcutaneous electrical nerve stimulation (TENS) unit, and surgery. The progress note dated 04/09/2014 revealed that the injured worker had significant pain relief from his TENS unit; however, the wires of his unit had not been working for the last couple of months. He received new pads but not new wires. The physical examination of his back noted decreased extension and flexion maneuver with elicitation of pain radiating to his left lower extremity and left foot. He was positive for tenderness on deep palpation of the bilateral L3-S1 paravertebral muscles. A positive straight leg raise was noted to the left lower extremity and bilateral leg pain, left greater than right. The injured worker reported a significant burning sensation to his left foot. The Request for Authorization form dated 04/09/2014 is for TENS unit wires/service due to the wires not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement TENS wires:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

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

**Decision rationale:** The injured worker has been utilizing his TENS unit; however, the wires had not been working for the past couple of months previously. The California Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1-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 guideline criteria for the use of TENS is: documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a 1-month trial period with TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration program) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function, and rental would be preferred over the purchase. There is a lack of documentation regarding a change in the injured worker's medication regimen while the TENS unit has not been working. Although the injured worker is reported to have pain relief with the TENS unit, this is not adequately described, as well as specific functional improvement made or pharmacological changes that have occurred since his TENS unit has ceased to be functional. Additionally, the guidelines do not address the replacement of medical equipment if it has broken. Therefore, the request for the replacement TENS wires are not medically necessary.