MAXIMUS Federal Services

| Case Number: | CM14-0061565 | | |
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| Date Assigned: | 07/09/2014 | Date of Injury: | 03/14/2012 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 04/24/2014 |
| Priority: | Standard | Application Received: | 05/02/2014 |

## 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, has a subspecialty in Pain Management, and is licensed to practice in Texas and Ohio. 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 52-year-old who reported an injury on March 14, 2012 due to a slip and fall while carrying a roll of carpet. Prior treatment included chiropractic therapy, acupuncture therapy, epidural steroid injections, and medications. On April 18, 2014, the injured worker presented with pain over the lumbosacral spine and radiation of pain to the right leg with weakness throughout the entire right leg. Upon examination of the lumbar spine, there was tenderness to palpation over the parafacet region of L3 to S2 over the paraspinal muscle of the C region to the right side. There was a positive straight leg raise to the right and range of motion was mildly restricted in all directions. The diagnoses were lumbar spine discogenic pain, lumbar spine disc protrusion, and lumbar spine radiculopathy. The provider recommended a TENS unit purchase and stated that it should help with pain and function as an adjunct to home therapy. The request for authorization form was 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:

**One Transcutaneous Electrical Nerve Stimulation (TENS) unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

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

**Decision rationale:** The Chronic Pain Medical Treatment 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 did not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer the questions about long-term effectiveness. The included medical documentation does not state if the injured worker has already underwent an adequate TENS trial. The provider's request does not indicate the site that the TENS unit was intended for. As such, the request for one TENS unit purchase is not medically necessary or appropriate.