

<b>Case Number:</b>	CM14-0081384		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 & Rehabilitation and is licensed to practice in Texas. 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 36 year old male who sustained an injury to his low back on 04/04/14 while weeding; he tripped and strained his low back. The injured worker stated that initially his pain was 10/10 VAS lasting seconds, but improved with time. The injured worker continued attempted to continue working, but noticed that he had trouble getting back up because of back spasms. Clinical note dated 04/14/14 noted that the injured worker mildly improved with pain 6-9/10 VAS with ibuprofen. Physical examination noted normal gait; decreased lumbar range of motion in all planes; strength, sensation, and deep tendon reflexes within normal limits there were no imaging studies provided for review. The injured worker was diagnosed with lumbar spine sprain and possible sacroiliac joint dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Transcutaneous Nerve Stimulator (TENS) unit with HAN and supplies:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-16.

**Decision rationale:** Previous request was denied on the basis that the injured worker is being treated for acute low back pain/strain. He does not appear to have condition for which a TENS unit would be considered medically necessary. The CAMTUS states that TENS is not recommended as a primary treatment modality, but a one month home based TENS trial may be considered as a non-invasive conservative option, if used as adjunct to evidence based functional restoration program. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program. The CAMTUS also states that while TENS may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive; published trials do not provide information on stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of TENS have found that evidence is lacking concerning effectiveness. Given this, the request for purchase of TENS unit with HAN and supplies is not indicated as medically necessary.