MAXIMUS Federal Services

| Case Number: | CM14-0082888 | | |
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| Date Assigned: | 07/21/2014 | Date of Injury: | 12/07/1998 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

## 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 Illinois. 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 55 year old male with a reported date of injury on 12/07/1998; the mechanism of injury occurred while the injured worker was pulling oxygen tanks up the stairs. He had diagnoses to include lumbar disc protrusions, multilevel degenerative joint/degenerative disc disease of lumbar spine and radiculopathy. Prior treatments included epidural steroids, use of a TENS unit, physical therapy and acupuncture for pain management. The patient had a discogram in 2000-2001 and an MRI of the lumbar spine in 2011-2012. The patient had complaints of low back pain with worsening symptoms of his lower extremities. The examination dated 02/11/2014 noted the injured worker had complaints of low back pain and was using a TENS unit. The 03/04/2014 progress report had clinical findings of tenderness to palpation in the mid, upper and lower lumbar paravertebral muscles. Range of motion revealed 25 degrees of flexion, 20 degrees right lateral bending, 20 degrees left lateral bending, 15 degrees right lateral rotation, 20 degrees left lateral rotation and 10 degrees of extension. The injured worker had decreased sensation bilaterally in the L4-L5 and L5-S1 dermatomes. Medications included hydrocodone/acetaminophen. The treatment plan included continuation of medications and home exercises as tolerated. The rationale was not provided in the medical records received. The request for authorization form was submitted for review on 03/04/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement of Tens Unit Supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

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

**Decision rationale:** The injured worker had complaints of low back pain with worsening symptoms of the lower extremities. The clinical note dated 03/04/2014 noted findings of tenderness to palpation in the mid, upper and lower lumbar paravertebral muscles, range of motion revealed 25 degrees of flexion, 20 degrees right lateral bending, 20 degrees left lateral bending, 15 degrees right lateral rotation, 20 degrees left lateral rotation and 10 degrees of extension. Decreased sensation bilaterally in the L4-L5 and L5-S1. The California MTUS guidelines do not recommend a TENS unit as a primary treatment modality, but 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 guidelines recommend the use of TENs as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. There is a lack of documentation indicating the injured worker's current TENs unit is non-functional and cannot be repaired. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the TENs unit, as well as information detailing how often the unit is used and whether it is used in adjunct to active treatment modalities. As such, the request is not medically necessary.