

<b>Case Number:</b>	CM14-0083685		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/19/2003
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Interventional Spine 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 patient is a 64-year-old male with a date of injury of 08/19/2003. The listed diagnosis per Dr. [REDACTED] is lumbago. According to progress report 04/16/2014, the patient presents with constant back pain with left foot drop. Examination of the lumbar spine revealed tenderness and spasm. Straight leg raising test and left foot drop were both positive. Treatment plan includes left ankle foot orthosis, TENS unit, continuation of physical therapy and medication. This is a request for TENS unit. Utilization review denied the request on 05/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot (updated 03/26/14).

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

**Decision rationale:** This patient presents with constant back pain with left foot drop. On 04/16/2014, the physician recommended a transcutaneous electrical nerve stimulation, TENS unit. Review of the medical file which includes progress reports from 01/25/2013 through 04/16/2014, from 4 different treating physicians does not provide a discussion of the requested TENS unit. Progress report 04/16/2014 by Dr. [REDACTED] under treatment plan writes "TENS unit." Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. In this case, the physician is requesting a TENS unit for home usage, but does not document a successful home one-month trial. Therefore, TENS (Transcutaneous Electrical Nerve Stimulation) unit is not medically necessary.