

<b>Case Number:</b>	CM14-0084402		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 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 43-year-old male who sustained an injury on 12/5/12. As per 9/26/14 report he presented with increasing right knee pain and low back pain with increasing right lower extremity symptoms. Objective findings revealed right knee range of motion 0 to 90 degrees, tenderness to lumbar spine, limited lumbar range of motion, and spasm of the calf musculature/lumbar paraspinal musculature decrease. MRI of the lumbar spine demonstrated disc bulging at L4-5/S1. Electrodiagnostic studies demonstrated findings consistent with right S1 radiculopathy. He previously had internal derangement of the right knee on 6/3/13. He is currently on Tramadol ER, Cyclobenzaprine, and Pantoprazole. He was previously treated with physical therapy, TENS and medications. He reported significant benefit with the use of current medications and the provider cited several examples of objective improvement with medication on board at current dosing including tolerance to activity and improved range of motion. He has been using TENS unit with benefit and it does facilitate improved tolerance to standing and walking and a variety of other activities and there was reported diminution in pain and spasm with previous use. However it was also reported that the spasm had remained refractory despite physical therapy, activity modification, TENS, home exercises, cold, heat, and stretching. Diagnoses include status post right knee surgery, lumbar disc protrusion and lumbar radiculopathy. The request for Durable Medical Equipment (DME) Purchase of TENS Unit was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME) Purchase of TENS Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DME for Chronic Intractable Pain Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back

**Decision rationale:** According to the CA MTUS guidelines, TENS is recommended as a one-month home-based trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive. Per ODG guidelines, TENS is not recommended as an isolated intervention, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. It is not generally recommended in chronic back pain as there is strong evidence that TENS is not more effective than placebo or sham. Additionally, ODG criteria states that TENS can be used for chronic intractable pain if there is evidence of other pain modalities have been tried and failed, including medications. In this case, there is no documentation of any an evidence-based functional restoration. There is no evidence of any reduction in pain medications. There is little to no documentation of any significant improvement in pain level (i.e. VAS) with its prior use. Therefore, based on the CA MTUS guidelines as well as the clinical documentation, the request for TENS purchase is not medically necessary.