

<b>Case Number:</b>	CM13-0068482		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/21/1987
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 67 year old woman with a date of injury on 4/21/87. She was seen by her primary treating physician on 12/2/13 where she noted increase in back pain and her lower right side. Her physical exam showed exquisite tenderness and pain of the lumbosacral spine and mild right-sided radiculopathy. She underwent an injection with kenalog/Marcaine and lidocaine solution. Her diagnoses were herniated disc, lumbar radiculopathy, chronic low back pain and degenerative disc disease. The medications were not documented but prior records indicate she had taken Motrin in the past. Due to ongoing chronic pain, authorization for a two month trial of a neurotech stimulator and supplies was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit with supplies, #2 month trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, page(s): 113-117.

**Decision rationale:** A TENS unit is not recommended 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, the request is for longer than the one month trial and it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a two month trial of a TENS unit with electrodes, batteries, and leads is not documented.