

<b>Case Number:</b>	CM14-0000020		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/26/2001
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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. The expert reviewer is Board Certified in Family Medicine 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:

This is a 56 year old male patient who reported an industrial injury to his back and left knee on 6/26/2001, over 13 years ago, attributed to the performance of his usual and customary job tasks. The patient was noted to have undergone left knee surgery on 3/19/2010; L4-L5 laminectomy and discectomy during 2000; left knee arthroscopy 10/10/2006; arthroscopic partial lateral meniscectomy left knee 2/21/2003; physical therapy; lumbar epidural steroid injections; medial branch blocks; facet injection; trigger point injections; lumbar facet rhizotomies. The patient is being treated for chronic low back pain. It was noted by the requesting physician that the patient had a TENS unit but it was two years old and he wished to have a replacement. The TENS unit was being used for axial lower back pain and osteoarthritis of the left knee. The objective findings on examination included lumbar spine TTP; decreased lumbar spine range of motion; decreased sensation left lateral file on the right; left knee with range of motion of 5-110. The patient was diagnosed with lumbar spine sprain/strain; left lower extremity radiculopathy; lumbar facet joint syndrome; status post L4-L5 laminectomy/discectomy during 2000; left knee internal derangement. The patient was prescribed a replacement TENS unit with supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME-TENS Unit - w/Supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203; 300,Chronic Pain Treatment Guidelines TENS unit chronic pain Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand--TENS unit; Pain chapter--TENS unit

**Decision rationale:** The requesting provider did not provide subjective/objective evidence to support the medical necessity of the TENS Unit or the electronic muscle stimulator for the treatment of the back or knee for more than the recommended 30 day trial rental. The ACOEM Guidelines do not recommend the use of TENS Units for neck, shoulder, elbow, or wrist as there is no objective evidence available to support their use. There is no demonstrated medical necessity for a TENS unit as a free standing treatment modality without the documentation of a functional restoration effort. It is recommended that the patient undergo a 30 day trial to demonstrate functional improvement prior to the purchase of a TENS unit for the treatment of the lumbar spine chronic pain issues. The patient is noted to already have a TENS unit but complains that it's two years old and he wants a replacement. There was no demonstrated sustained functional improvement or decreased medication use through the treatment with the TENS unit. There was no demonstrated attempt to repair the previously authorized TENS unit. There was no rationale supported by objective evidence by the requesting physician to support the medical necessity of a replacement TENS unit. There is no justification for the use of the 4-lead TENS unit as required by the CA MTUS. The use of the TENS unit for the treatment for the wrist/hand/forearm/elbow/shoulder is not recommended by the CA MTUS or the ACOEM Guidelines. The CA MTUS and the Official Disability Guidelines only recommends the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. The TENS Unit is recommended for only chronic intractable pain. There was no provided documentation that the patient was participating in a self-directed home exercise program. The ACOEM Guidelines revised back chapter 4/07/08 does recommend the use of the TENS Unit for the treatment of chronic lower back pain; however, it must be as an adjunct to a functional rehabilitation program and ongoing exercise program. The CA MTUS only recommends the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. There are no recommendations for the use of the TENS Unit in the treatment of the back for chronic pain as a stand-alone treatment. There is no recommendation for the use of TENS units for the knee. There was no rationale supported with objective evidence by the requesting physician to support the medical necessity of the purchase/rental of a TENS unit with supplies. There is no objective evidence provided by the requesting provider that the same results cannot be achieved with a home exercise program established for functional rehabilitation with strengthening and conditioning directed to the hand. There is no demonstrated medical necessity for the purchase of a replacement TENS for the rehabilitation of the chronic pain to the lower back and knee. Therefore, the request is not medically necessary.