

<b>Case Number:</b>	CM14-0005879		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 an industrial injury dated 01/01/2013 resulting from twisting to the left. His diagnoses include lumbar sprain with discopathy and lower extremity radiculopathy. Recent diagnostic testing has included a MRI of the lumbar spine (01/11/2013) showing mild diffuse disc bulging at L2-L3, and mild disc bulging at L5-S1 with neuroforaminal stenosis in both areas. Previous treatments have included conservative measures, medications, chiropractic manipulation, and lumbar steroid injections (10/2013). In a progress note dated 12/02/2013, the treating physician reports increasing low back pain (rated 1-10/10 and 10/10 when aggravated) radiating into the left leg with numbness and tingling. The objective examination revealed tenderness to the bilateral lumbar paraspinal musculature with palpable muscle spasms painful and restricted range of motion in the lumbar spine, positive bilateral straight leg raises, slightly decreased muscle strength in the left lower extremity and hyperesthesia in the L5-S1 dermatomes. The treating physician is requesting TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase which was denied by the utilization review. On 12/16/2013, Utilization Review non-certified a request for TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase, noting the lack of documentation/information regarding the injured worker's previous and current treatment regimen including the use of a TENS unit during physical therapy, medication management, or instruction and compliance with an independent program. The MTUS guidelines were cited. On 01/13/2014, the injured worker submitted an application for IMR for review of TENS (Transcutaneous Electrical Nerve Stimulation) unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment: TENS Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** The patient was injured on 01/01/2013 and presents with pain radiating from his lower back into his left leg. The request is for durable medical equipment, TENS unit. There is no RFA provided and the patient remains not working: He retired a year and a half ago. The report with the request is not provided. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. In this case, there is no mention the patient previously using the TENS unit for a 1 month trial as required by MTUS Guidelines. There are no discussions regarding any outcomes for pain relief and function. The patient does have low back pain that radiates into his left posterolateral thigh and calf. He describes this as numbness, tingling, and pain radiating in this distribution. The patient has a positive straight leg raise on the left, bilateral lumbar paraspinous tenderness, and a 2+ palpable muscle spasm present. A 1-month trial is maybe reasonable. However, it is unclear if the treater is requesting for a purchase or trial. Therefore, the request of TENS unit IS NOT medically necessary.