

<b>Case Number:</b>	CM14-0125513		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 46-year-old male who has submitted a claim for lumbar spine radiculitis associated with an industrial injury date of 5/31/2013. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities, rated 10/10 in severity. Aggravating factors included prolonged standing, walking, lifting and bending. The pain was accompanied with numbness, weakness, tingling and burning sensation. He denied incontinence. A physical examination showed tenderness over paralumbar muscles, limited lumbar motion, and positive straight leg raise test bilaterally. The treatment to date has included medications, physical therapy, and epidural steroid injections. The patient is recommended to continue his home exercise program. The utilization review from 7/11/2014 denied the request for electrical neuro-stimulation (TENS) unit rental for 4-6 months because of no documentation of a clinical condition for which TENS unit is clinically indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrical neuro-stimulation (TENS) Unit Rental For 4-6 Months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-11.

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

**Decision rationale:** As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are 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. In this case, the patient complained of low back pain radiating to bilateral lower extremities rated 10/10 in severity. Aggravating factors included prolonged standing, walking, lifting and bending. The pain was accompanied with numbness, weakness, tingling and burning sensation. Physical examination showed tenderness over paralumbar muscles, limited lumbar motion, and positive straight leg raise test bilaterally. Symptoms persisted despite medications, physical therapy, and epidural steroid injections hence the request for TENS unit. However, there is no discussion why the request for 4 - 6 months TENS trial exceeded guideline recommendation of a one-month trial. Therefore, the request for electrical neuro-stimulation (TENS) unit rental for 4-6 months is not medically necessary.