

<b>Case Number:</b>	CM14-0186448		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 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 48 year old female patient who sustained a work related injury on 05/01/2013. She sustained the injury due to fall. The diagnoses include lumbosacral neuritis, lumbar disc disease, myofascial pain, and pain disorder with psychological factors. Per the doctor's note dated 10/13/2014, she had complaints of chronic lumbar back pain with radiation to her lower extremities, the left greater than the right, with numbness and tingling. She had increased anxiety and difficulty sleeping secondary to losing her job. Physical examination revealed tenderness over the lumbar paraspinal muscles and decreased lumbar range of motion. The medications list includes Flexeril, Neurontin, Remeron, Motrin, Lexapro, Docusate and Topamax. She has had lumbar MRI dated 6/24/13 which revealed early degenerative changes at L4-5 and L5-S1; electro diagnostic studies in 2014 which revealed left sided lumbar radiculopathy at L4 and L5 level. She has had physical therapy visits, chiropractic visits, acupuncture, TENS unit and home exercise program for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS and TENS patch x 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Page(s): 114-116.

**Decision rationale:** According the cited guidelines, TENS 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, for the conditions described below. 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.

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)."Per the MTUS Chronic Pain Guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS is not established for this patient. Since the medical necessity of TENS unit is not established, the need for supplies for the TENS unit including the TENS patches x 4 is also not medically necessary.