

<b>Case Number:</b>	CM14-0192284		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Practice, 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 35 year old female with a work injury dated 01/08/2010. The diagnoses include degeneration of lumbar or lumbosacral intervertebral disc - sub optimal control, opioid type dependence, unspecified use - compliant, patello-femoral pain syndrome - fairly controlled, psychic factors associated with disease classified elsewhere - fairly controlled, spinal stenosis of lumbar region - poorly controlled, radiculitis, thoracic or lumbar - suboptimal control and trochanteric bursitis of right hip. On presentation for follow up visit dated 10/09/2014 she was complaining of persistent low back pain radiating to the right ankle, right calf, right foot and right thigh. She described the pain as an ache, burning, discomforting, dull, sharp, shooting and throbbing. Symptoms were aggravated by bending, changing positions, daily activities, standing, twisting and walking. Symptoms were relieved by heat, pain medications, hot showers and icy hot. Physical examination revealed mildly reduced range of motion in the cervical and thoracic spine, tenderness and moderately reduced range of motion in lumbar spine. Lower extremity examination revealed no swelling, no cauda equina syndrome and absent Babinski sign bilaterally. Gait was normal, no dysdiadochokinesia, no ataxia and no hyper-reflexia. The medications list includes ativan, oxycodone and meloxicam. Prior diagnostic study reports were not specified in the records provided. Previous operative or procedure note related to the injury was not specified in the records provided. She has had physical therapy visits and injections for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS (transcutaneous electrical nerve stimulation) Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS) Page(s): 23, 10.

**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 Home TENS (transcutaneous electrical nerve stimulation) Unit is not established for this patient.