

<b>Case Number:</b>	CM14-0199481		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 52-year-old man who sustained a work-related injury on May 31 2012. Subsequently, the patient developed a chronic back pain. According to a progress report dated on November 21 thousand 14, the patient was complaining of ongoing back pain radiating to both lower extremities. The patient physical examination demonstrated unremarkable neurological and musculoskeletal examination . The patient was diagnosed with lumbar spine central focal disc protrusion with radiculitis, anxiety, depression and insomnia. The provider requested authorization for TENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS/ Interferential unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a

functional restoration program. There is no documentation of prior efficacy of TENS. It could be recommended as an option for acute post operative pain in the first 30 days after surgery. There is no documentation that a functional restoration program will parallel the use of TENS. There is no clear justification of continuous use of TENS. There is no documentation of successful one month TENS trial. Therefore, the request of TENS/ Interferential unit for home use is not medically necessary.