

<b>Case Number:</b>	CM14-0206915		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Internal Medicine, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in New York. 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 injured worker is a man with a date of injury of 12/23/13. He was seen by primary treating physician on 10/22/14 with complaints of pain in the left PSIS area but he was working full duty and 'tolerating it fairly well'. He was wearing a back brace which was helpful at work and he was using motrin for pain. His exam showed tenderness over the left PSIS but not the right. He tolerated flexion and extension well. His diagnosis was chronic lumbosacral strain with mild underlying degenerative changes and some enthesitis, left PSIS. A replacement lumbar corset was requested and he received a corticosteroid injection into the left PSIS. At issue in this review is the request for a Transcutaneous Electrical Nerve Stimulation (TENS) purchase for the lower back area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical nerve stimulation (TENS) purchase for the lower back area:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 113-117.

**Decision rationale:** Per the guidelines, a TENS unit 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. 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. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for, per the guidelines. The medical necessity for a TENS unit is not substantiated.