

<b>Case Number:</b>	CM14-0207411		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/29/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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, 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 injured worker (IW) is a 50-year-old woman with a date of injury of April 29, 2012. The mechanism of injury occurred when the IW was lifting a tool chest filled with medical supplies and medications. She felt an intense sharp pain in her back radiating down her leg. The injured worker's working diagnoses are possible lumbar discogenic pain; possible bilateral lumbar facet pain at L4-L5 and L5-S1; possible lumbar sprain/strain; and constant right lumbosacral radicular pain L5-S1. Pursuant to the Primary Treating Physician's Narrative Report date November 21, 2014, the IW complains of constant low back pain radiating into her right lower extremity with tingling, and numbness involving both legs. She also has bilateral knee pain, and a left foot stress fracture. Objectively, gait shows right-sided limp. Examination of the neck is normal. Cervical spine movements are normal. Examination of the mid back is normal. There is mild tenderness from L2-S1. Bilateral lumbar facet tenderness is noted at L4-L5, and L5-S1, right more than left. Documentation indicates the IW had prior physical therapy without any significant benefit. The total number of physical therapy sessions was not documented in the medical record. The IW was recommended home exercises. The IW was recommended TENS unit trial for one month. The IW received TENS unit trial and did not find it beneficial and was recommended not to purchase it. The IW received a home heating pad, which she found beneficial. The IW is also requesting a soft supporting lumbar brace. The current request is for TENS unit for purchase.

### 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) Unit for Purchase: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, transcutaneous electrical nerve stimulation unit for purchase is not medically necessary. TENS unit is not recommended as a primary treatment modality, but a one-month home-based tense trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based restoration, including reductions in medication use. The criteria for use of TENS are enumerated in the Official Disability Guidelines. They include, but are not limited to, evidence that other appropriate pain modalities have been tried (including medicines) and failed; a one month trial period should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; a treatment plan including specific short and long-term goals of treatment; etc. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are possible lumbar discogenic pain; possible bilateral lumbar facet pain L4 - L5 and L5 - S1; possible lumbar sprain/strain; and constant right lumbosacral radicular pain L5 - S1. The documentation from a November 21, 2014 progress note indicates physical therapy was rendered with no significant long-term improvement. The documentation indicates the TENS unit was used during physical therapy (a one month trial) that was not beneficial and the injured worker decided not to purchase one. A heating pad was recommended. The area to be treated was not documented. Physical examination, albeit brief, show tenderness of the lumbar spine. Consequently, absent the appropriate clinical documentation with a successful one month trial with improvement in a beneficial response, a TENS unit for purchase is not medically necessary.