

<b>Case Number:</b>	CM15-0008153		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old male, who sustained an industrial injury on 12/2/13. He has reported low back and right ankle pain. The diagnoses have included lumbosacral sprain, lumbosacral neuritis, spinal stenosis and lumbosacral spondylosis and facet arthropathy. Treatment to date has included medications, diagnostics, aqua therapy and chiropractic sessions. Currently, the IW complains of low back pain with radiation to posterior legs. The pain is rated 5-6/10. The Magnetic Resonance Imaging (MRI) dated 4/10/14 of the lumbar spine revealed degenerative changes, diffuse annular bulging, and biforaminal stenosis and facet arthritis. The physical exam revealed mild antalgic gait without assistive device. There was decreased hip range of motion due to pain. The range of motion was decreased throughout the lumbosacral spine due to pain and there was tenderness throughout with muscle spasms on the right more than left. There was positive straight leg raise bilaterally. The injured worker was to continue with medications and indefinite use of Transcutaneous Electrical Nerve Stimulation (TENS) unit as he was showing relief of symptoms. Work status was modified with restrictions. On 12/19/14 Utilization Review non-certified a request for Transcutaneous Electrical Nerve Stimulation (TENS) therapy (indefinite use), noting there was no record of an evidenced based functional restoration program being utilized. The injured worker does not meet criteria for ongoing use of Transcutaneous Electrical Nerve Stimulation (TENS) unit. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS therapy (indefinite use):** 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 Page(s): 114-116.

**Decision rationale:** The patient presents with low back pain with radiation to the posterior legs, mainly the left. The current request is for TENS therapy (indefinite use). The treating physician states in the 12/10/14 (C7) treating report that the patient "is having relief while using the TENS unit and therefore, I recommend indefinite use of this." Additionally, he states that "current medications and use of TENS unit afford about 50% decrease in the symptoms." MTUS guidelines on the criteria for the use of TENS in chronic intractable pain state, "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial". And "a treatment plan including the short and long-term goals of treatment with the TENS unit should be submitted". In this case, the patient has been using a TENS unit and reporting positive benefits. In the progress reported dated 10/29/14 (C10) the treating physician notes that a request will be made for a 30-day trial, however, documentation regarding the use and outcomes, as required by MTUS guidelines, of this trial was not available for review, nor has a treatment plan with short and long-term goals been documented in the clinical history provided. The current request may be needed, however, the current request requires more documentation of the patient's TENS unit therapy and thus falls short of the MTUS requirements. The current request is not medically necessary and the recommendation is for denial.