

<b>Case Number:</b>	CM15-0103493		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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  
 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 48 year old female patient who sustained an industrial injury on 02/04/2010. A recent primary treating office visit dated 05/15/2015 reported the patient with subjective complaint of lower back pain. The pain is described as being intermittent, tightness/sharp, worse with cold weather and activity pain. It occasionally radiates to the left lower extremity with associated numbness/tingling into the left foot. Current medications are: Tylenol and Flexeril. She also utilizes heat therapy, stretches from physical therapy and a transcutaneous nerve stimulator unit. She has completed chiropractic session with slight benefit in pain reduction and increasing range of motion; also helped with muscle relaxing. She is currently employed, but not working. The following diagnoses are applied: lumbosacral joint ligament strain/sprain; thoracic strain/sprain; piriformis syndrome. The plan of care noted Tylenol discontinued, continue rest of medication regimen, pending authorization to undergo a magnetic resonance image, and physical performance evaluation and follow up visit. The patient is found being allergic to Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective TENS unit purchase (5/1/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

**Decision rationale:** The patient was injured on 02/04/10 and presents with low back pain which occasionally radiates to the left lower extremity with numbness/tingling to the left foot. The retrospective request is for a TENS Unit Purchase (05/01/15). The RFA is dated 05/01/15 and the patient is to remain off work until 05/24/15. The 05/01/15 report states that the patient had a TENS unit trial on low back for 15 mins. Patient tolerated well, pain decreased to 1/10, muscles more relaxed and increased ROM. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1 month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient is diagnosed with lumbosacral joint ligament strain/sprain, thoracic strain/sprain, and piriformis syndrome. The 05/01/15 Electrical Stimulation Trial note states that the patient used the TENS unit for 15 minutes to the lumbar spine. Her pain decreased from a 2/10 to a 1/10 with the TENS unit. The note continues to states that the patient had a successful in-office trial, decreased pain, increased ROM, and muscles relaxed. Although the patient has prior use of the TENS unit, there is no evidence of a one month trial as indicated by MTUS guidelines. Therefore, the requested TENS unit purchase is not medically necessary.