

<b>Case Number:</b>	CM15-0105315		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 21 year old female, who sustained an industrial injury on 11/01/2013. She has reported injury to the lower back. The diagnoses have included lumbar spine sprain/strain with radiculitis; and thoracic spine sprain/strain. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and chiropractic therapy. Medications have included Naproxen and Norflex. A progress note from the treating physician, dated 07/30/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower back pain; she is not improving; she is having difficulties performing activities of daily living; and the pain is rated 7 to 8/10 on the visual analog scale. Objective findings included 2+ tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch, and sacral base, bilaterally; 3+ tenderness and spasm over the spinous processes from L3 through S1 bilaterally; straight leg raising is positive with radicular pain in the lower extremities; Kemp's test is positive bilaterally; and there is 2+ tenderness over the parathoracic muscles and spinous process from T8 through T10, bilaterally. The treatment plan has included stopping physical therapy, requesting chiropractic therapy, and prescribing a TENS unit for home use and pain relief purposes. Retrospective request is being made for 5 rental multi-stim unit plus 40 electrodes, 2 lead wires, 1 adaptor supplies for lumbar spine (date of service: 08/13/2014-01/12/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 5 rental multi stim unit plus 40 electrodes, 2 lead wires, 1 adaptor supplies for lumbar spine (DOS: 08/13/204-01/12/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114.

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

**Decision rationale:** The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit 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, and a treatment plan including specific short and long term goals of treatment. There is no indication in the available documentation that the injured worker has attempted a one-month trial with a TENS unit prior to requesting a 5 month rental. The request for retrospective request for 5 rental multistim unit plus 40 electrodes, 2 lead wires, 1 adaptor supplies for lumbar spine (DOS: 08/13/204-01/12/2015) is not medically necessary.