

<b>Case Number:</b>	CM15-0019680		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/23/1997
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Arizona  
 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 65-year-old right handed male who reported acute low back pain on 10/23/1997 after being involved in an altercation when he bent forward to lift the subject up. His diagnoses included chronic low back pain, L5-S1 disc space narrowing, and lumbar facet arthropathy. The patient was treated with 12 sessions of physical therapy, Atenolol, Lisinopril, Provastatin, and Aspirin. X-rays of the lumbar spine showed lumbar facet arthropathy and disc space narrowing at L5-S1. No surgical history was noted in the documentation. The injured worker describes pain in the low back as constant, varying in severity from mild to severe, depending on daily activities and movement. The pain was noted to radiate down the back of both legs to the knee. On physical exam, the injured worker presented with pain after returning to an erect posture reflex in the knees and ankle at 1+. The request is for purchase of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Chronic Pain Page(s): 114-115.

**Decision rationale:** The request for a TENS unit purchase is not supported as medically necessary. According to MTUS Guidelines, a TENS unit is not recommended as a primary treatment modality, but a 1 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. Since the injured worker has not undergone a 1 month home trial, purchase of the unit is not medically indicated at this time.