

<b>Case Number:</b>	CM15-0138980		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 49 year old male with an industrial injury dated 09/19/2011. The injured worker's diagnoses include acquired scoliosis, chronic pain syndrome and thoracic degenerative disc disease. Treatment consisted of diagnostic studies, prescribed medications, lumbar epidural steroid injection (ESI), physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture sessions, and periodic follow up visits. In a progress note dated 06/24/2015, the injured worker presented for follow up visit with complaints of mid back pain and increased pain due to driving and lack of medications. The injured worker rated pain a 9/10. Objective findings for back were not documented. Treatment plan consisted of medication management, continuation of acupuncture therapy, TENS unit and consideration of home exercise therapy. The treating physician prescribed services for transcutaneous electrical nerve stimulation (TENS) patches times (2), now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Patches times (2): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

**Decision rationale:** Per the guidelines, a TENS or inferential unit is not recommended as a primary treatment modality, but a one-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. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The request for a TENS unit patches times 2 is not medically necessary or substantiated.