

<b>Case Number:</b>	CM15-0139650		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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, who sustained an industrial injury on 1-24-2014. Diagnoses include lumbar sprain or strain and rule out herniated lumbar disc with radiculopathy or radiculitis. Treatment to date has included diagnostics, physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 5-12-2015, the injured worker reported pain in the lumbar spine and right hip. He states that today the pain is severe and the pain has flared up in the last three days. He will start physical therapy in two days. Physical examination of the lumbar spine revealed reduced range of motion with tenderness to palpation over the paraspinal musculature with spasms and tightness. Straight leg raise was positive bilaterally at 60 degrees eliciting pain at the L5-S1 dermatome bilaterally. There was hypoesthesia noted in the anterolateral aspect of the foot and ankle of an incomplete nature at the L4, L5 and S1 dermatome levels bilaterally. The plan of care included diagnostics including EMG (electromyography) and NCV (nerve conduction studies) and magnetic resonance imaging (MRI) and authorization was requested for a transcutaneous electrical nerve stimulation (TENS) unit purchase.

### 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 ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation). 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, for the conditions described below. 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement. Therefore criteria have not been met and the request is not medically necessary.