

<b>Case Number:</b>	CM15-0162098		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	09/08/2007
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 51 year old female who sustained an industrial injury on September 08, 2007. The worker was employed as a cashier. A recent primary treating office visit dated July 27, 2015 reported subjective complaint of with acute flare up of low back pain radiating to bilateral lower extremities. She states requiring medication refills and also had decreased the use of Norco as she is no longer taking it TID now is only taking it as needed. The following diagnoses were applied: lumbar strain and sprain; lumbalgia and lumbar intervertebral disc, and lumbar spine stenosis. The plan of care noted administering a Toradol injection to left gluteus; prescribed: Ibuprofen, Norco, and Valium with discussion regarding further weaning off from the Norco. She was given refills for Omeprazole, LidoPro and transcutaneous nerve stimulator (TENS) unit patches. Primary follow up dated May 27, 2015 reported the plan of care involving continuing current medication regimen to include utilizing the transcutaneous nerve stimulator unit, and performing home exercises. She was refilled the following: Omeprazole, LidoPro, and TENS patches. Previous treatment modalities to include: activity modification, oral medications, acupuncture, physical therapy, chiropractic care, ice and heat application, epidural injections, intramuscular injections and intermittent use of the TENS unit which can be helpful at times.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro TENS (transcutaneous electrical nerve stimulation) patches x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation Page(s): 114,116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective TENS unit patch times #4 is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar sprain strain; lumbalgia/lumbar intervertebral disc; and lumbar spinal stenosis. The date of injury is September 8, 2007. Request for authorization is dated July 28, 2015. The injured worker has used a TENS unit for a long time (not specified in the record). There is no ongoing documentation of objective functional improvement to support its use. Additionally, TENS is not indicated for indefinite use. According to a February 19, 2015 progress note, the treatment plan indicates TENS unit has been try and at times can be helpful. According to a July 27, 2015 progress note, the injured worker sustained an acute flare up of low back pain 9/10 with radiation of pain to the bilateral lower extremities. Objectively, range of motion is decreased and there is tenderness to palpation. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation of a finite period of time with objective functional improvement to support its use, retrospective TENS unit patch times #4 is not medically necessary.