

<b>Case Number:</b>	CM15-0164616		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	04/08/2015
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 42 year old female, who sustained an industrial injury on 4-8-15. The injured worker has complaints of lower back pain that radiates to her bilateral buttocks and increased pain with bending, radiating to the left leg. The documentation noted mild to moderate muscle spasm and tenderness of lower lumbar spine extending to the right upper buttock. The diagnoses have included lumbar radiculopathy. Treatment to date has included transcutaneous electrical nerve stimulation unit; Motrin and Norco. The request was for transcutaneous electrical nerve stimulation unit with orchid medical quantity one and transcutaneous electrical nerve stimulation unit supplies with orchid medical, quantity one.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit with Orchid Medical, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 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, TENS unit with Orchid Medical 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. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnosis is lumbar radiculopathy. Date of injury is April 8, 2015. Request for authorization is July 31, 2015. According to the July 28, 2015 progress note, subjective and objective complaints are referred to the treatment section. There are no subjective or objective complaints and treatment section. The TENS unit is reportedly broken. There is no documentation indicating whether this was a purchase, trial or rental. Additionally, according to Blue Cross and CMS, TENS is not reasonable and necessary for the treatment of chronic low back pain. There is no documentation referencing the frequency for TENS or the start date. There is no documentation demonstrating objectives improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, guideline non-recommendations for chronic low back pain and no documentation with a frequency, start date, purchase trial or rental, TENS unit with Orchid Medical is not medically necessary.

**TENS supplies with Orchid Medical, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 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, TENS unit supplies with Orchid Medical 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. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnosis is lumbar radiculopathy. Date of injury is April 8, 2015. Request for authorization is July 31, 2015. According to the July 28, 2015 progress note, subjective and objective complaints are referred to the treatment section. There are no subjective or objective complaints and treatment section. The TENS unit is reportedly broken. There is no documentation indicating whether this was a purchase, trial or rental. Additionally, according to Blue Cross and CMS, TENS is not reasonable and necessary for the treatment of chronic low back pain. There is no documentation referencing the frequency for TENS or the start date. There is no documentation demonstrating objective(s) improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, guideline non- recommendations for chronic low back pain and no documentation with a frequency, start date, purchase trial or rental, TENS unit with Orchid medical is not medically necessary. The TENS unit with Orchid medical is not medically necessary and, as a result, TENS unit supplies with Orchid Medical is not medically necessary.