

<b>Case Number:</b>	CM15-0182108		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	03/04/2015
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Arizona, California  
 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 61-year-old male, who sustained an industrial injury on March 4, 2015. Medical records indicate that the injured worker is undergoing treatment for low back pain, lumbar degenerative disc disease, lumbar facet arthropathy, upper-lower extremity pain, left leg pain, mid-back pain and myofascial pain. The injured worker was noted to be working full time with modifications. Current documentation dated August 10, 2015 notes that the injured worker reported no new problems. The injured worker noted a burning sensation in his back. The pain was rated a 3 out of 10 on the visual analogue scale. No physical examination was performed. Documentation dated June 1, 2015 through August 10, 2015 note the injured workers pain levels to be 3- 5 out of 10. Treatment and evaluation to date has included medications, lumbar MRI (4- 15-15), transforaminal epidural steroid injection (5-15-15), physical therapy and 8 chiropractic treatments. The chiropractic treatments were noted to have helped the injured workers ongoing pain and symptoms. The injured worker noted that he used a transcutaneous electrical nerve stimulation unit at physical therapy, which helped him with pain and function. Current medications include only Lidopro topical cream. The treating physician's request for authorization dated August 17, 2015 includes a request for a home transcutaneous electrical nerve stimulation unit rental for 6 weeks for the lumbar spine. The Utilization Review documentation dated August 17, 2015 non-certified the request for a home transcutaneous electrical nerve stimulation unit rental for 6 weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS (transcutaneous electrical nerve stimulation) unit, Lumbar, 6 wk rental:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** According to the MTUS guidelines, a TENS 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. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was exceeds the trial prior recommended above. Although, the claimant may have benefitted with a TENS in therapy, the request for a 6 week rental of a TENS unit is not medically necessary.