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| <b>Case Number:</b>   | CM15-0184168 |                              |            |
| <b>Date Assigned:</b> | 09/24/2015   | <b>Date of Injury:</b>       | 02/26/2007 |
| <b>Decision Date:</b> | 11/02/2015   | <b>UR Denial Date:</b>       | 09/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2015 |

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial-work injury on 2-26-15. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbosacral neuritis, spinal stenosis, thoracic-lumbar disc degeneration, sprain-strain of arm, lumbar disc displacement, and sciatica. Treatment to date has included medication. Currently, the injured worker complains of chronic low back pain and difficulty sleeping at night. Medication includes Tramadol and Percocet. Per the primary physician's progress report (PR-2) on 8-24-15, exam notes tenderness to palpation at the paralumbar region, mild spasm, difficulty with range of motion particularly in flexion, mild antalgic gait, normoactive reflexes bilaterally, and no atrophy in the lower extremities. Current plan of care includes consult with pain management, TENS unit, continuation of regular work and activities, and Percocet at bedtime. The Request for Authorization requested service to include transcutaneous electrical nerve stimulation (TENS) Unit for Purchase. The Utilization Review on 9-2-15 denied the request for TEN S due to no indication for neuropathic pain and CRPS II (limited published evidence for use) and CRPS I (no literature for support), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit for Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The injured worker does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. These criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit which is not included with the available documentation. Furthermore, the injured worker states he has used a TENS before but that his machine no longer works. There is no documentation of that treatment or its efficacy, therefore, the request for TENS Unit for purchase is not medically necessary.