

<b>Case Number:</b>	CM15-0184292		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/08/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/18/2015
<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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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:

This 21 year old female sustained an industrial injury on 11-8-14. Documentation indicated that the injured worker was receiving treatment for a low back injury. Previous treatment included physical therapy and medications. Magnetic resonance imaging lumbar spine (2-11-15) showed disc protrusions at L3-4, L4-5 and L5-S1 with mild facet hypertrophy at L5-S1. In a progress note dated 8-13-15, the injured worker complained of ongoing low back pain. The injured worker reported symptoms were relieved by physical therapy, rest, activity modification, cold packs and medications. The injured worker had been evaluated by a neurosurgeon with recommendation for "aggressive" physical therapy, aqua therapy, traction and injections. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature with spasms, full and painless flexion, normal lumbar lordosis and negative straight leg raise. The injured worker rose "fluidly and quickly". The treatment plan included requesting authorization for physical therapy, aqua therapy, chiropractic therapy, a transcutaneous electrical nerve stimulator unit and pain management evaluation and continuing medications (Tylenol with Codeine and Cyclobenzaprine). On 8-18-15, Utilization Review noncertified a request for a transcutaneous electrical nerve stimulator unit (unspecified if purchase or rental).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit (unspecified if purchase or rental): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Chronic intractable pain (for the conditions noted above): (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed (3) 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; rental would be preferred over purchase during this trial (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) After a successful 1- month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case there is no documentation that the patient has had a successful one month home trial with TENS unit. In addition, the patient is not participating in a functional restoration program. Conditions for home TENS unit have not been met. The request is not medically necessary.