

<b>Case Number:</b>	CM15-0184608		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 45 year old male, who sustained an industrial injury on 4-23-03. He reported low back pain. The injured worker was diagnosed as having severe left sided thoracic muscle spasms, chronic left S1 nerve root neuritis, and status post L5-S1 fusion with hardware. Treatment to date has included trigger point injections, epidural steroid injections, L5-S1 discectomy, chiropractic treatment, and medication including Naprosyn, Norco, and Soma. Physical examination findings on 7-23-15 included decreased lumbar spine range of motion in all planes. A straight leg raise test was positive bilaterally with local lumbosacral pain over the L5-S1 articulation. On 7-23-15, the injured worker complained of thoracic and lumbar spine pain rated as 6-7 of 10. On 8-4-15 the treating physician requested authorization for a TENS unit rental for 30 days. On 8-19-15, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit rental for 30 days:** 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 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 rental for 30 days 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 diagnoses are that post L5-S1 fusion with hardware; chronic left S1 nerve root neuritis, improving; and severe left-sided thoracic muscle spasms. Date of injury is April 23, 2003. Request for authorization is dated August 13, 2015. According to a July 30, 2015 progress note, subjective complaints include ongoing mid and low back pain 7/10. The injured worker received a recent trigger point injection with slight improvement. Objectively, there is thoracic and lumbar tenderness to palpation with decreased range of motion and positive straight leg raising. Utilization review provider initiated a peer-to-peer conference with the treating provider's nurse practitioner. The nurse practitioner stated injured worker uses TENS during physical therapy. There is no subjective or objective neuropathic symptoms or signs or CRPS II acting as an indication for a TENS trial. 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. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for the clinical symptoms and signs set forth in the medical record and no documentation of neuropathic symptoms or signs or CRPS II, TENS unit rental for 30 days is not medically necessary.