

<b>Case Number:</b>	CM15-0197965		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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:

The injured worker is a 63 year old male, who sustained an industrial injury on August 4, 2011, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. A lumbar Magnetic Resonance Imaging revealed multilevel disc disease with disc protrusions and foraminal stenosis. Treatment included pain medications, anti-inflammatory drugs, physical therapy, aqua therapy, topical analgesic creams, sleep aides, lumbar epidural steroid injection, aqua therapy and activity restrictions. Currently, the injured worker complained of ongoing low back pain rated 8 out of 10 on a pain scale from 0 to 10. Any type of bending, twisting and turning aggravated the pain. He noted the low back pain radiating down both lower extremities. He was only able to sit and stand for a limited amount of time and the pain limited his mobility. He had difficulty climbing stairs due to the pain. The treatment plan that was requested for authorization on October 8, 2015, included an Interferential and transcutaneous electrical stimulation unit combo with unknown supply of electrodes and batteries. On September 18, 2015, a request for an Interferential and transcutaneous electrical stimulation combo unit and supplies was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF/TENS unit combo with unknown supply of electrodes and unknown supply of batteries:**  
 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:** This unit is for a combination unit for interferential current stimulation and transcutaneous electrical nerve stimulation. Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. If criteria for ICS use are met, then a one-month trial is appropriate to permit the physician and physical medicine provider to study the effects and benefits. In this case there is no documentation that the patient has undergone successful one month trial with an ICS unit. ICS is not recommended. Transcutaneous electrical nerve stimulation (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. In this case there is no documentation that the patient has undergone successful one month trial with a TENS unit. In addition there is no documentation that the patient will be participating in a functional restoration program. TENS therapy is not recommended. The request should not be medically necessary.