

<b>Case Number:</b>	CM15-0204670		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: North Carolina

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 44 year old female, who sustained an industrial injury on 12-3-2013. The injured worker is undergoing treatment for: lumbar disc displacement, chronic lumbar strain, left lower extremity radiculitis. On 8-31-15, she reported thoracic spine pain rated 4 out of 10 and indicated there was numbness in both her feet. Physical examination revealed decreased sensation over the feet and toes, decreased lumbar range of motion, and tenderness in the lumbar paraspinals. On 10-1-15, she reported low back pain rated 0.5-1 out of 10. She indicated her pain to have been improved and denied radiation into the lower extremities. Objective findings revealed decreased lumbar range of motion, tenderness in the paraspinals of the low back. There is no discussion of failure of the already tried treatment methods. The treatment and diagnostic testing to date has included: medications, AME (8-10-15), MRI of the lumbar spine (12-18-13), stretching, multiple sessions of physical therapy, and multiple chiropractic sessions. Medications have included: Ibuprofen, kera-tek, topical creams. Current work status: full duty. The request for authorization is for: 30 day trial TENS unit. The UR dated 9-22-2015: non-certified the request for 30 day trial TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 days Trial TENS Unit:** Overturned

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition there must be a 30 day trial with objective measurements of improvement. The request is for a 30 day trial and it will be used in conjunction with other functional improvement therapies. Therefore the request is medically necessary.