

<b>Case Number:</b>	CM15-0021343		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	12/09/2009
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 58 year old male who sustained an industrial injury on 12/9/09. He is currently experiencing lower backache that radiates into right buttocks, shoulder pain and rates the pain at 5/10 with medications and 8/10 without medications. His sleep is disrupted with pain and he has decreased activity level. Medications are Lidoderm 5% Patch, gabapentin, Tramadol, cyclobenzaprine. Diagnoses are degenerative disc disease of the lumbar spine and muscle spasm. Treatments to date included medication, transcutaneous electrical nerve stimulator unit, home exercise program. There were no diagnostics reviewed. Progress note dated 11/13/14 and 1/8/15 indicated the injured worker has been unable to use his transcutaneous electrical nerve stimulator unit because the electrodes and wires have worn out. A request for replacement leads and pads was made. The transcutaneous electrical nerve stimulator unit was beneficial in alleviating pain flare-ups by 30% and helped him to relax and sleep. On 1/22/15 utilization Review non-certified the request for Replacement 12 months of leads and pads for purchase for current transcutaneous electrical nerve stimulator unit to the lumbar spine citing MTUS: Durable Medical Equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement 12 months of leads and pads for purchase for current TENS unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted for review indicates that the injured worker has been using TENS unit since at least 7/2014. It was reported that the TENS unit helped for flare-ups, using it for 20 minutes at a time to reduce his pain by 30%, helping him to relax and fall asleep. I respectfully disagree with the UR physician's assertion that it was unclear what benefits were provided to the injured worker. The request is medically necessary.