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| <b>Case Number:</b>   | CM15-0026064 |                              |            |
| <b>Date Assigned:</b> | 02/18/2015   | <b>Date of Injury:</b>       | 10/26/2011 |
| <b>Decision Date:</b> | 04/06/2015   | <b>UR Denial Date:</b>       | 02/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/11/2015 |

### 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

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 49 year old male, who sustained an industrial injury on October 26, 2011. His diagnoses include disc displacement without myelopathy, lumbago, sciatica, inflammation and subluxation of the sacroiliac joint, and pain in thoracic spine. There is no record of recent MRI and past treatments. On December 12, 2014, his treating physician reports frequent, intermittent mid and low back pain, and right leg pain. The physical exam revealed increased range of motion with pain in the dorso-lumbar motion studies, and positive Kemp lumbar 5, right Lasegue's at 45 degrees, Braggard's, valsalvo low back, depression cervical 7-thoracic 1, compression, swallowing, and Soto Hall's. The right hip was tender to palpation. The treatment plan includes chiropractic treatment. On February 2, 2015 Utilization Review non-certified a request for a home TENS (transcutaneous electrical nerve stimulation) unit device, noting the lack of supporting clinical documentation. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. MTUS Chronic Pain Medical Treatment Guidelines indicates that several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that physical modalities such as diathermy, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) states that TENS is not recommended. Medical records document low back conditions. MTUS and ACOEM guidelines do not support the use of transcutaneous electrical nerve stimulation (TENS) for low back conditions. Therefore, the request for TENS is not supported by MTUS or ACOEM guidelines. Therefore, the request for TENS unit device is not medically necessary.