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| <b>Case Number:</b>   | CM15-0027851 |                              |            |
| <b>Date Assigned:</b> | 02/20/2015   | <b>Date of Injury:</b>       | 07/06/2004 |
| <b>Decision Date:</b> | 04/06/2015   | <b>UR Denial Date:</b>       | 02/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/13/2015 |

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old with an industrial injury dated 11/30/2002. The mechanism of injury is documented as a cumulative trauma case. She had worked as a stocker at a store. She complains of back pain radiating into the legs. Physical exam revealed a positive FABER left sacroiliac joint and positive Gaenslen's and compression signs over the left sacroiliac joint. Prior treatments include physical therapy, TENS unit, chiropractic treatment and medications. MRI of the lumbar spine dated 08/06/2014 showed 6 mm posterior central disc protrusion at lumbar 4-5 with mild to moderate spinal stenosis, annular tear with a 4 mm posterior central/left paracentral disc protrusion at lumbar 5 - sacral 1, annular tear with a 3-4 mm left foraminal/far lateral disc protrusion at lumbar 3 - 4 with resultant mild left neuro foraminal narrowing and mild bilateral facet arthropathy at lumbar 4-5 and lumbar 5-sacral 1. The full report is in the submitted records. Diagnosis was sacroilitis. On 02/09/2015 the request for purchase of one new TENS unit to lumbar area was non-certified by utilization review. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase one (1) new TENS unit to lumbar:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS: Chronic intractable pain, 2010 Revision, Web Edition Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**Decision rationale:** The patient presents with back pain radiating into the legs. The current request is for Purchase one (1) new TENS unit to lumbar. The patient had previously been issued a TENS unit which has now broken and is non-functional. Utilization Reviewed denied the replacement unit citing that the requesting physician requested the TENS unit for the lumbar area which the UR reviewer claims is "a non-authorized body part." The treating physician on 1/21/15 (75B) states, "She had a TENS unit from her work comp injury which was approved. However, it recently broke and is completely nonfunctional at this point." Contrary to what the UR found, the physician does not note the body part nor the injury for which the TENS unit will be applied in their Request For Authorization (73B). According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." And "a treatment plan including the short- and long term goals of treatment with the TENS unit should be submitted." Documentation regarding use and outcomes of TENS during a one-month trial period, as required by MTUS guidelines must have clearly been provided in the past which lead to the prior unit issuance. The fact that the unit has been deemed medically necessary in the past should lead to a simple replacement. The patient is has been deemed P&S and has previously been authorized a TENS unit for home use. The patient continues to suffer chronic pain, she continues to pursue ongoing pain treatment with her medical team therefore, a replacement unit should be issued based upon her current medical need. The current request is medically necessary and the recommendation is for authorization.