

<b>Case Number:</b>	CM15-0221242		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	02/28/1997
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Preventive Medicine, Occupational 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 59-year-old female, who sustained an industrial injury on 2-28-97. The injured worker was diagnosed as having lumbar sprain-strain; degenerative disc disease. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-22-15 are hand written and difficult to decipher. The notes appear to indicate the injured worker complains of "ongoing issues with back pain and continues to wean from narcotic medication. The TENS unit is helpful with a decrease in medications". The provider's note continues with objective findings for lumbar back- decreased range of motion, mobility is impaired, deep tendon reflexes are positive for symptoms. The medications are listed as: OxyContin, Naprosyn and Prilosec for a diagnosis of lumbar sprain-strain. The provider also notes this request is to replace a broken TENS unite for this retired injured worker. PR-2 note dated 8-7-15 are also hand written and again difficult to decipher. They appear to indicate the injured worker "is doing relatively well having no new issues. Medications are effective". Objective findings are noted as "Back - range of motion impaired, and Mor S deficits. Deep tendon reflexes are positive for symptoms. Medications are listed as OxyContin, Naprosyn and Prilosec for chronic lumbar spine strain-sprain". PR-s notes dated 6-5-15 are hand written and difficult to decipher. They notes appear to indicate "Patient presents; no new problems but out of pads for TENS unit. Still decreasing reliance on OxyContin. Clinically no new issues. She has been doing aquatic exercise." Objective findings: "Range of motion is fair but restricted; tender to left leg; deep tendon reflexes positive for symptoms." Diagnosis: chronic lumbar spine strain- sprain. Medications OxyContin, Naprosyn, Prilosec for this retired injured worker. A Request

for Authorization is dated 11-9-15. A Utilization Review letter is dated 11-4-15 and non-certification for TENS unit replacement. A request for authorization has been received for TENS unit replacement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS unit replacement:** Upheld

**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 use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing 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, and a treatment plan including specific short and long term goals of treatment. This is a request for a replacement TENS unit. However, the available documentation just states that the injured worker is out of pads for the unit. It does not describe a problem with the TENS unit. The request for TENS unit replacement is determined to not be medically necessary.