

<b>Case Number:</b>	CM15-0031933		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	10/01/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, Indiana, New York  
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 26 year old male, who sustained a work/ industrial injury on 10/1/14 while lifting a heavy diesel tire at a car dealership while doing tire rotation. He has reported symptoms of chronic pain affecting the lumbar spine. Prior medical history was not documented. The diagnoses have included lumbar myospasm, lumbar radiculopathy, lumbar sprain/strain and lumbar disc protrusion. Treatments to date included conservative measures, medication, chiropractic care, physical therapy, and acupuncture. Medications included Naproxen, Anaprox, and Ultracet. The treating physician's report indicated the IW reports constant (9/10) pain with associated tingling and weakness sensations. Exam demonstrated reduced range of motion, tender points, positive Kemp's, and positive straight leg raise (SLR). A Transcutaneous Electrical Nerve Stimulation (TENS)/EMS unit was requested. On 2/16/15, Utilization Review non-certified a Home TENS/EMS Unit rental for 5 months; Purchase of 1 month supplies: electrodes, batteries and lead wires, noting Non-Medical treatment Utilization Schedule (MTUS) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS/EMS Unit rental for 5 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, home TENS/EMS rental times five months is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar myofascial; lumbar pain; lumbar radiculopathy; lumbar sprain/strain; and lower lumbar disc protrusion. Subjectively, the injured worker has 9/10 constant pain in the lower back with tingling and muscle spasm. Physical therapy helps minimally to increase range of motion and decrease spasm. Objectively, the injured worker has a back brace. There is tenderness to palpation at the lumbar paraspinal muscle groups with muscle spasm. The guidelines recommend a one-month home-based trial. The one-month trial should include a reduction in medication use with documentation of how often the unit was used and outcomes in terms of pain relief and function. Specific short and long-term goals should be submitted. The treating physician requested a five-month rental. There is no one month clinical trial documented in the medical record. Consequently, absent clinical documentation with a one-month clinical trial, home TENS/EMS rental times five months is not medically necessary.

**Purchase of 1 month supplies: electrodes, batteries and lead wires:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, purchase TENS unit purchase one month supplies, electrodes and batteries and lead wires is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the

use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured workers working diagnoses are lumbar myofascial; lumbar pain; lumbar radiculopathy; lumbar sprain/strain; and lower lumbar disc protrusion. Subjectively, the injured worker has 9/10 constant pain in the lower back with tingling and muscle spasm. Physical therapy helps minimally to increase range of motion and decrease spasm. Objectively, the injured worker has a back brace. There is tenderness to palpation at the lumbar paraspinal muscle groups with muscle spasm. The guidelines recommend a one-month home-based trial. The one-month trial should include a reduction in medication use with documentation of how often the unit was used and outcomes in terms of pain relief and function. Specific short and long-term goals should be submitted. The treating physician requested a five-month rental. There is no one month clinical trial documented in the medical record. There is no clinical documentation with a one-month clinical trial and a five-month rental is not medically necessary. Consequently, absent clinical documentation of a one-month clinical trial, a five-month rental is not medically necessary and, as a result, purchase TENS unit purchase one month supplies, electrodes and batteries and lead wires is not medically necessary.