

<b>Case Number:</b>	CM15-0036910		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Physical Medicine & Rehabilitation, 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 41-year-old male, who sustained an industrial injury on 7/25/2013. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included surgical (8/29/2014 arthroscopic partial left lateral meniscectomy) and conservative measures. Currently, the injured worker complains of chronic low back, with radiation to both lower extremities, and left knee pain. Low back pain was rated 7/10 and left knee pain was rated 2/10. He noted that he walked 40 minutes per day, helping rehabilitation. Current medications included Norco, Gabapentin, Protonix, Capsaicin cream, and Norflex. Magnetic resonance imaging of the lumbar spine, dated 10/14/2013, was referenced as showing L4-5 right paracentral disc protrusion, with posterior annular tear, contacting the exiting nerve root and mildly narrowing the right foramina, and L5-S1 small posterior disc protrusion with posterior annular tear and no significant central or foraminal stenosis. Objective findings included lumbar flexion 20 degrees, extension 0 degrees, left lateral bending 10 degrees, and right lateral bending 5 degrees. Sensation was decreased in the right L5 dermatome, straight leg raise was positive on the right, and spasm and guarding were noted in the lumbar spine. Lumbar strength was 5/5. Transcutaneous Electrical Nerve Stimulation unit was referenced as helpful in physical therapy sessions, and he felt it may help his back pain. Physical therapy notes were not submitted. On 1/29/2015, Utilization Review non-certified a request for Transcutaneous Electrical Nerve Stimulation Unit purchase. Specified guidelines for the decision were not noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for purchase:** 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): 114-116.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines on Pages 114-116 specify the following regarding TENS (transcutaneous electrical nerve stimulation): "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness (Carroll-Cochrane, 2001). Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia (Niv, 2005). Phantom limb pain and CRPS II: Some evidence to support use (Finsen, 1988) (Lundeberg, 1985). Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury (Aydin, 2005). Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm (Miller, 2007)." A review of this injured worker's industrial diagnoses failed to reveal any of the indications above of multiple sclerosis, spasticity, phantom limb pain, or complex regional pain syndrome as described by the CPMTG. Instead, there is primarily musculoskeletal low back pain. By statute, the California Medical Treatment and Utilization Schedule takes precedence over other national guidelines which may have broader indications for TENS unit. Given this worker's diagnoses, TENS is not medically necessary.