

<b>Case Number:</b>	CM15-0038590		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	10/22/2008
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 67 year male who sustained an industrial injury on October 22, 2008. He has reported low back pain and has been diagnosed with lumbago and closed fracture of lumbar vertebra without mention of spinal cord injury. Treatment has included medications. Currently the injured worker complains of low back pain. The treatment plan included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 TENS (transcutaneous electrical nerve stimulation) unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS Unit and Other Medical Treatment Guidelines Pain section, TENS Unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit 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 lumbago; closed fracture lumbar vertebrae without mention of spinal or injury pursuant to a progress note dated January 2, 2015. Utilization review indicates the injured worker's TENS unit was stolen. There is no documentation in the medical record, including the January 2, 2015 progress note that shows objective functional improvement with ongoing use of TENS. The documentation did not contain specific short and long-term goals. The documentation from the January 2, 2015 progress note did not contain a clinical entry stating the TENS unit was stolen and needed to be replaced. Consequently, absent clinical documentation with objective functional improvement supporting an objective benefit from long term TENS unit use with specific short and long-term goals, TENS unit is not medically necessary.