

<b>Case Number:</b>	CM15-0040748		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 48 year old male, who sustained an industrial injury on 9/10/14. The injured worker was diagnosed as having cervical sprain/strain, lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, lumbar facet arthropathy and cervical degenerative disc disease. Treatment to date has included Gabapentin, home exercise program, physical therapy and acupuncture. (MRI) magnetic resonance imaging of cervical spine has been performed. Currently, the injured worker complains of low back pain with radiation to bilateral lower extremities with left greater than right. The treatment plan included a refill of TENS patches and physical exam noted tenderness to palpation of lumbar/cervical paraspinal musculature, trapezii, scapular and occipital regions. He states the Gabapentin has been helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS patch x 2 pairs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [https://www.acoempracguides.org/Chronic\\_pain\\_disorders](https://www.acoempracguides.org/Chronic_pain_disorders).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

**Decision rationale:** Regarding the request for TENS patches, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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, function, and medication usage. Within the documentation available for review, there is no indication that the patient has undergone a one-month TENS trial as outlined above with significant improvement with regard to pain, function, and medication usage. In the absence of clarity regarding those issues, the currently requested TENS patches are not medically necessary.