

<b>Case Number:</b>	CM15-0046918		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/26/2001
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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

### 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 50 year old female, who sustained an industrial injury on December 26, 2001. The injured worker reported low back pain. The injured worker was diagnosed as having lumbago, chronic low back pain and degenerative joint disease (DJD) of lumbar spine. Treatment and diagnostic studies to date have included Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication. A progress note dated December 17, 2014 the injured worker complains of low back pain worse in the AM. Physical exam notes lumbar tenderness with decreased range of motion (ROM). The plan includes medication, hospital bed and Transcutaneous Electrical Nerve Stimulation (TENS) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient TENS (transcutaneous electrical nerve stimulation) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

**Decision rationale:** Based on the 12/17/14 progress report, the patient presents with back pain. The request is for Outpatient Tens (transcutaneous electrical nerve stimulation) UNIT. There is no RFA provided and the date of injury is 12/26/01. Diagnoses included chronic low back pain and degenerative joint disease of lumbar spine. Physical examination to the lumbar spine revealed palpable point tenderness to the paraspinal muscles and decreased range of motion through flexion and extension due to her pain and discomfort. Straight leg raise test was negative bilaterally. The patient's work status is unavailable. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy. In this case, there is only one progress report provided. It appears the patient has previously used the TENS unit. There is no mention of how the patient has utilized the TENS unit, how often it was used, and what outcome measures are reported in terms of pain relief and function. The treater has not indicated a need for a TENS unit based on the MTUS criteria. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the requested TENS unit is not medically necessary.