

<b>Case Number:</b>	CM15-0052869		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 49-year-old female, who sustained an industrial injury on 10/6/2009. She reported initial complaints of lower back pain radiating to left leg. The injured worker was diagnosed as having back pain; degenerative disc disease lower; spondylolisthesis; chronic pain; left knee pain; lumbar radiculopathy; poor coping/myofascial pain. Treatment to date has included TENS unit; left L4 and L5 epidural steroid injection (12/3/14). Currently, the PR-2 notes dated 2/12/15; the injured worker indicates continued neck, knee and lumbar pain. Prior notes indicate the injured worker is a status post epidural injection 6/18/14 and feels the pain in back and leg improved. The provider has requested TENS unit patches #4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS patches #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
 Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses but rather chronic back pain and spondylolisthesis and had been on a TENS unit for several months. The TENS is recommended for a 1 month trial. Continued TENS use is not medically necessary and therefore the request for a TENS patches are not medically necessary.