

<b>Case Number:</b>	CM15-0058694		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	01/31/2001
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 45 year old male, who sustained an industrial injury on 1/31/2001. The injured worker was diagnosed as having L3-4 herniation of 5mm, L3-4 disc bulge of 1-2mm, moderate right neural foraminal stenosis at L4-5, and bilateral carpal tunnel syndrome, status post release. Treatment to date has included magnetic resonance imaging of the lumbar spine, chiropractic, physical therapy, lumbar epidural steroid injections, and medications. Notes indicate that a TENS unit rental was certified on March 3, 2014. Currently, the injured worker complains of continued lumbar and bilateral leg pain, rated 8/10. A document labeled Neurostimulator TENS/EMS Attachment (unsigned/undated) documented that the patient has had a one month trial of device, determined to be efficacious. The physician progress notes did not document prior use of a transcutaneous electrical nerve stimulation unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extension Transcutaneous electrical nerve stimulation (TENS) unit rental for 30 days:**

Upheld

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

**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, 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 and function. Within the documentation available for review, it appears that a trial has already been authorized. There is no documentation indicating why the trial was inadequate, or that there are some intervening issue which made the patient unable to complete the previously authorized trial. In the absence of clarity regarding those issues, the currently requested TENS unit trial extension is not medically necessary.