

<b>Case Number:</b>	CM15-0062638		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Ohio, North Carolina, Virginia  
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 28 year old female, who sustained an industrial injury on 2/9/13. The injured worker has complaints of low back pain with spasms that radiates down legs. The diagnoses have included chronic posttraumatic arthropathy; sprain/strain lumbar region; pain in joint shoulder and lumbago. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine; sacroiliac joint; back and shoulder X-rays; physical therapy; electromyography/nerve conduction study and medications. The request was for transcutaneous electrical nerve stimulation unit for home use for the bilateral low back area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for home use for the bilateral low back area:** Upheld

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

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

**Decision rationale:** TENS units are 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. Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above):- Documentation of pain of at least three months duration- There is evidence that other appropriate pain modalities have been tried (including medication) and failed- A one-month trial period of the TENS unit 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; rental would be preferred over purchase during this trial- Other ongoing pain treatment should also be documented during the trial period including medication usage- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this instance, the injured worker has a diagnosis of lumbar back sprain, lumbar disc herniation, and a resolved shoulder sprain. She has been treated with physical therapy, acupuncture, chiropractic, and medication. The request is for a TENS unit. The submitted medical record does not show evidence of a one month trial with a TENS unit and the request does not clarify if this is for a trial unit or for purchase. Therefore, per the referenced guidelines, TENS unit for home use for the bilateral low back area is not medically necessary.