

<b>Case Number:</b>	CM14-0130245		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of February 25, 2009. A utilization review determination dated August 5, 2014 recommends noncertification of a tens units. A progress report dated July 31, 2014 identifies subjective complaints of low back pain. The note indicates that the pain is well controlled with motrin. The patient also has numbness and tingling in the 4th and 5th fingers on the left hand. Physical examination findings reveal full range of motion of the elbow and shoulder with negative tinel's sign and no numbness or tingling in the left 4th or 5th fingers. Examination of the lumbar spine shows generalized tenderness and spasm at the L5-S1 levels. Range of motion is restricted in the lumbar spine. Diagnoses include chronic low back pain, ulnar neuropathy, left shoulder status post open reduction/internal fixation, and rotator cuff tendinitis. The treatment request is for a one month tens unit trial for his back in order to reduce his back pain even further.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 month rental of TENS unit for low back and left shoulder pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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.

**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, there is no indication of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit trial is not medically necessary.