

<b>Case Number:</b>	CM14-0144293		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/06/2007
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Anesthesiology; has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 50-year-old female who has submitted a claim for recurrent lumbar radiculopathy secondary to lumbar disk herniation L4-5 and history of depression, associated with an industrial injury date of 12/06/07. Medical records from 06/04/12 and 07/28/14 were reviewed. Patient apparently sustained an injury from work when she accidentally slipped and twisted her spine. Patient has not responded to conservative managements, including anti-inflammatories, analgesics, physical therapy and home-based restorative care. The patient has received epidural steroid injections resulting to almost complete relief of pain and allowed her to return to work full-time with restrictions. It also resulted to weaning off all opioid and non-opioid analgesics. Patient was also tried on TENS, which provided improvement in perceived pain especially when used in conjunction with medications and exercise regimen. Patient was started on Elavil but reportedly is not helpful and dendracin ointment which was effective in reducing pain and discomfort. Latest progress report 08/05/14 showed patient had pain at the lumbar and sacroiliac joint area with cramping noted on both legs, worst at the left. On physical examination, straight leg raising was positive, ROM of the lumbar spine was restricted and there was tenderness at the SI joint. Plan was to continue Elavil, continue TENS unit by replacing the old unit, and authorization for the availability of pain management and epidural steroid injection as necessary. Treatment to date has included conservative management, steroid injections, TENS, physical therapy and home exercise programs, and medications (Elavil, Dendracin ointment since at least 06/04/14). Utilization review date of 07/25/14 denied the request for TENs unit with supplies because there was no documentation of the actual status of the old TENs unit and if whether it may be repaired prior to purchase of a new unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**New TENS Unit with Supplies:** Upheld

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

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

**Decision rationale:** According to pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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, including oral medications. However, published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Criteria for the use of TENS for chronic intractable low back pain include documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried and failed, a one-month trial period of the TENS unit with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function with rental being preferred over purchase during the trial, other ongoing pain treatment during the trial period including medication usage and a treatment plan submitted to include specific short- and long-term goals of treatment. In this case, there was trial of TENS use associated with improved functioning in 2010 which was discontinued because the unit was no longer functioning. There was no report of the actual status of the unit, and if whether it may be repaired before a decision to purchase a new unit is made. There was likewise no objective measure of pain and functional improvements with its use. There was no documentation of patient undergoing a failed oral pain medication treatment or of other pain reduction modalities. There was likewise no treatment plan submitted to assess functional goals prior to TENS use. The request also failed to specify body part to be treated and intended duration of use. Therefore, the request for a new TENS unit with supplies is not medically necessary.