

<b>Case Number:</b>	CM14-0145171		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Family Medicine 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:

The injured worker is a 33 year old male who was injured on 02/12/13 when he lifted a heavy granite countertop. The injured worker complains of chronic low back pain with numbness in the right gluteal region which increases to a 7/10 with activity. The injured worker is diagnosed with thoracic or lumbosacral neuritis or radiculitis unspecified and sprains of the lumbar and thoracic regions. Records indicate treatment has included physical therapy, chiropractic care and medications such as Norco, Flexeril, Gabapentin, Neurontin and Tramadol. Due to an inconsistent urine drug screen dated 10/29/13, the injured worker's Norco was discontinued. The injured worker underwent re-examination on 07/23/14. The clinical note from this visit noted the injured worker reported a decrease in pain and an increase in functional activity/ADLs with medication. Frequent moderate lower thoracic and lumbosacral pain persists. Objective findings included positive right sided Yeoman's, Kemp's and seated Lasegue's signs. ROM of the lumbar spine is as follows: 70/90 flexion, 10/30 extension, 20/30 left lateral bending, and 25/30 right lateral bending, 20/30 left rotation and 15/30 right rotation. It is noted these findings remain mostly unchanged. The submitted treatment plan includes continuation of pharmacological management, continuation of light gym activity due to positive response and requests for a trial of acupuncture and a facet injection. This note makes no mention of a TENS unit. A request for TENS unit and supplies is submitted on 07/31/14 and is subsequently denied by Utilization Review dated 08/11/14. This UR report notes that a telephonic conversation was conducted with an individual at the office of the requesting provider. It was reported that the injured worker had been dispensed a TENS unit on 07/23/14 but that the provider's office was not in possession of documentation regarding its use. Citing this and lack of evidence of a 30 day trial to support the purchase of a TENS unit, the request was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens Unit & Supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS, (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-.

**Decision rationale:** The request for Tens Unit & Supplies is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines support a one month trial of the use of TENS when certain criteria are met. These criteria include evidence that other appropriate pain modalities have failed and the submission of a treatment plan which includes treatment goals. Rental is supported over the purchase of a TENS unit during this trial. Records indicate additional forms of conservative therapy, to include acupuncture, have been requested. Records do not reveal if this request was approved; however, as additional conservative therapy was reportedly considered and requested it is evident that the injured worker has exhausted or failed to respond to all other appropriate pain modalities. Utilization Review history indicates the injured worker was dispensed a TENS unit on 07/23/14; however, the clinical documentation does not make mention of this intervention. There is no evidence a 30 day trial with the TENS device has occurred. There is no documentation of the injured worker's response to the use of a TENS unit in terms of functional response or pain relief. There is no treatment plan including specific short and long-term goals of treatment as required by MTUS guidelines. Given the lack of evidence that a trial with TENS has been conducted and was determined to be successful and the lack of an acceptable treatment plan, medical necessity of the requested TENS unit and supplies is not established.