

<b>Case Number:</b>	CM14-0148139		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Interventional Spine 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:

According to the records made available for review, this is a 66-year-old male with a 6/17/09 date of injury. At the time (8/8/14) of request for authorization for TENS Patch #2, there is documentation of subjective (ongoing low back pain radiating to the right lower extremity with numbness) and objective (decreased lumbar range of motion and tenderness to palpation over the lumbar paraspinal muscles with hypertonicity) findings, current diagnoses (lower back pain), and treatment to date (medications and ongoing/regular use of TENS unit since at least 2/14/14 with pain relief). Medical report identifies a request to continue TENS unit therapy. There is no documentation of how often the unit is being used and outcomes in terms of function; and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Patch #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identify documentation of pain of at least three months duration, evidence that other appropriate pain modalities (including medication) have been tried and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identify documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of a diagnosis of lower back pain. In addition, there is documentation of ongoing use of TENS unit since at least 2/14/14 and other ongoing pain treatment during the trial period (including medication use). However, despite documentation of pain relief with ongoing use of TENS unit, there is no (clear) documentation of how often the unit is being used and outcomes in terms of function. In addition, there is no documentation of a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. Therefore, based on guidelines and a review of the evidence, the request for TENS Patch #2 is not medically necessary.