

<b>Case Number:</b>	CM14-0160050		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/23/1998
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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:

The patient is a female of unknown age, who has submitted a claim for chronic low back pain with chronic left leg sciatica associated with an industrial injury date of 3/23/1998. Medical records from 4/8/2014 up to 8/6/2014 were reviewed showing increased pain in her lower back and left leg. The patient has been using her TENS unit which relieved her leg pain and cramping sensation. Her unit is no longer functioning, however. She is able to reduce her intake of oral medications with the use of TENS. Physical examination revealed avoidance of sitting on her left buttock, arising from the chair with difficulty, and she ambulates with a limp on the left side. She relies on a cane in her right hand for ambulation. SLR was positive on the left. Treatment to date has included TENS unit, Butrans, Soma, Neurontin, and ibuprofen. Utilization review from 9/8/2014 denied the request for TENS unit & supplies (rental or purchase). There is no submitted daily diary or progress reports which outline functional and objective gains as well as reduction in medication intake from use of this modality as an adjunct to a program of evidence based functional restoration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit & supplies ( rental or purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Transcutaneous Electrical Nerve Stimulation, Page(s): page 114-116.

**Decision rationale:** As stated on page 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, 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 unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient has been using her TENS unit which relieves her leg pain and cramping sensation. Her unit is no longer functioning. She is able to reduce her intake of oral medications with the use of TENS. Physical examination revealed avoidance of sitting on her left buttock, arising from the chair with difficulty, and she ambulates with a limp on the left side. She relies on a cane in her right hand for ambulation. SLR was positive on the left. However, there is no documentation of objective functional gains with the use of TENS unit. In addition, there was no evidence that TENS is used as an adjunct to a program of evidence-based functional restoration. Therefore, the request for TENS unit & supplies (rental or purchase) is not medically necessary.