

<b>Case Number:</b>	CM14-0160158		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/22/2004
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 51-year-old female who reported an injury on 10/22/2004. The mechanism of injury was not provided. The injured worker had diagnoses of lumbar facet arthralgia and lumbar disc injury. Past medical treatment included radiofrequency ablation and medications. Diagnostic testing was not provided. Surgical history was not provided. The injured worker complained of low back pain with pain referring into the right foot and the right more than the left groin on 08/13/2014. The injured worker stated the pain was persistent, especially with prolonged bending and twisting of her low back. The physical examination of the lumbar spine revealed seated straight leg raise is 90 degrees bilaterally with no referral to lower extremities, motor strength is 5/5 throughout both lower extremities, and Kemp's sign was negative. The physical examination revealed palpation causing moderate tenderness over the left more than right L4-5 and L5-S1 segments, left more than right sacroiliac joint regions, and left more than right sciatic notch. The range of motion with forward flexion was 60 degrees and extension 20 degrees with moderate pain and bilateral lateral flexion. Medications included Tylenol No. 3, ibuprofen, and Lidoderm. The treatment plan was for TENS electrode patches x3 sets with 6 refills. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS electrode patches x 3 sets with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for TENS electrode patches x 3 sets with 6 refills is not medically necessary. The injured worker complained of low back pain with pain referring into the right foot and the right more than the left groin on 08/13/2014. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. A 1 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 for patients with neuropathic pain, complex regional pain syndrome (CRPS) II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a 1 month trial the guidelines recommend there must be documentation of pain of at least 3 months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. There is lack of documentation the injured worker has a TENS unit. The requesting physician's rationale for the request is not indicated within the provided documentation. There is lack of documentation stating the injured worker has had any significant objective functional improvement using the TENS unit, in order to justify the need for additional supplies. Therefore, the request for TENS electrode pads is not medically necessary.