

<b>Case Number:</b>	CM14-0168501		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	04/19/1992
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 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 68-year-old female with a 4/19/92 date of injury. At the time (9/17/14) of request for authorization for Purchase replacement TENS Unit and Hot /cold Pack for low back pain, as an outpatient, there is documentation of subjective (chronic low back pain) and objective (pain on extension and flexion and negative straight leg raising test) findings, current diagnoses (chronic low back and chronic lower thoracic pain), and treatment to date (medications, previous treatment with TENS unit, and previous treatment with hot/cold pack). Medical report identifies that the treatment with the TENS unit and hot/cold pack provides pain relief. There is no documentation of 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; and how often the unit was used and outcomes in terms of function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase replacement TENS Unit and Hot /cold Pack for low back pain, as an out patient.:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/heat packs Title 8, California Code of Regulations, section 9792.20 and PMID: 18214217 PubMed - indexed for MEDLINE

**Decision rationale:** Specifically regarding TENS unit, Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) 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, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies 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. Specifically regarding hot/cold pack, MTUS reference to ACOEM guidelines identifies at-home applications of local heat or cold to the low back as an optional clinical measure for evaluation and management of low back complaints. ODG identifies that there is minimal evidence supporting the use of cold therapy. Medical Treatment Guideline identifies that exact recommendations on application, for postoperative cold therapy utilization following lumbar spine surgery, on time and temperature cannot be given. Within the medical information available for review, there is documentation of diagnoses of chronic low back and chronic lower thoracic pain. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medications) and failed. Furthermore, there is documentation of ongoing pain treatment during the trial period (including medication use). However, there is no documentation of 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. In addition, despite documentation that previous treatment with TENS unit provided pain relief, there is no documentation of how often the unit was used and outcomes in terms of function. Therefore, based on guidelines and a review of the evidence, the request for Purchase replacement TENS Unit and Hot /cold Pack for low back pain, as an outpatient is not medically necessary.