

<b>Case Number:</b>	CM14-0172394		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/12/2005
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 & Rehabilitation, 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:

This 41 year-old patient sustained an injury on 10/12/05 while employed by [REDACTED]. Request(s) under consideration include 1 month IF/TENS unit combo with supplies (2 packs electrodes, 2 batteries). Diagnoses include lumbar disc displacement/ radiculopathy/ 9 mm HNP at L4-5/ 8 mm disc extrusion at L5-S1/ stenosis. Conservative care has included medications, physical therapy, chiropractic treatment, ice/heat, and modified activities/rest with recent authorization for lumbar epidural steroid injection at left L5-S1. Report of 9/16/14 from the provider noted the patient with ongoing constant chronic low back pain rated at 5/10 with bilateral lower extremity radiculopathy associated with numbness in left foot and tightness in right leg. The request(s) for 1 month IF/TENS unit combo with supplies (2 packs electrodes, 2 batteries) was non-certified on 9/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 month IF/TENS unit combo with supplies (2 packs electrodes, 2 batteries): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Transcutaneous Electrotherapy; Interferential Current Stimulation (ICS) Page(s): 115-.

**Decision rationale:** This 41 year-old patient sustained an injury on 10/12/05 while employed by [REDACTED]. Request(s) under consideration include 1 month IF/TENS unit combo with supplies (2 packs electrodes, 2 batteries). Diagnoses include lumbar disc displacement/ radiculopathy/ 9 mm HNP at L4-5/ 8 mm disc extrusion at L5-S1/ stenosis. Conservative care has included medications, physical therapy, chiropractic treatment, ice/heat, and modified activities/rest with recent authorization for lumbar epidural steroid injection at left L5-S1. Report of 9/16/14 from the provider noted the patient with ongoing constant chronic low back pain rated at 5/10 with bilateral lower extremity radiculopathy associated with numbness in left foot and tightness in right leg. The request(s) for 1 month IF/TENS unit combo with supplies (2 packs electrodes, 2 batteries) was non-certified on 9/24/14. The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic 2005 injury. It is unclear how efficacy can be monitored for a combo IF/TENS unit use, not meeting guidelines criteria of prior TENS trial. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from any Transcutaneous Electrotherapy previously rendered. The 1 month IF/TENS unit combo with supplies (2 packs electrodes, 2 batteries) is not medically necessary and appropriate.