

<b>Case Number:</b>	CM14-0183928		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	11/03/1993
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Occupational Medicine, 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 66 year old female who was injured at work on November 3, 1993 causing low back pain with sciatica. It was diagnosed as Lumbago with sciatica. Since the injury the diagnoses of post laminectomy syndrome and fibromyalgia were added. Comorbid conditions include hypertension, anxiety and constipation. Presently she complains that with her medication she has 4/10 pain in her lower back with radiation into her buttocks, but is able to perform her activities of daily living (ADLs). Additionally she complains of severe insomnia. Exam on 1 Oct 2014 showed tenderness on palpation of lumbar spine and lumbar facet joints with decreased range of motion to lumbar flexion, extension, lateral flexion and rotation. No imaging studies were available for review. Her last urine drug screen was 1 Oct 2014. Treatment has included low back surgery (date not given), home exercise, myofascial release massage, transcutaneous electrical nerve stimulation (TENS - helped in the past) and medication (probiotic, milk of Magnesia, Lactulose, Lorazepam, Buspar, Docusate, Temazepam, Soma, Restoril, Avinza (morphine sulfate) and Nucynta). Her present medications are Lactulose, Lorazepam, BuSpar, Docusate, Temazepam, Soma, Restoril, and Avinza.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 3, 48-49, 181, 203, 300, Chronic Pain Treatment Guidelines Page(s): 114-116.

**Decision rationale:** Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities when treating low back pain making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. The MTUS lists specific criteria for use of this treatment (CPMTG pg 116). These criteria have not been well documented for this patient. Additionally, this patient used TENS units in the past and stated it was helpful. However, she did not continue its use, which suggests it may not have been that helpful. Presently she is functional, that is, she is able to do her activities of daily living (ADLs) so the goals of this modality of treatment are not clear. The medical necessity for use of TENS has not been established.