

<b>Case Number:</b>	CM14-0093078		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/02/2004
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 55 year-old female who reported an injury on 09/02/2004. The mechanism of injury was not provided. Pertinent diagnoses included sciatica, herniated nucleus pulposus, and lumbosacral degenerative disc disease. The clinical note dated 03/17/2014, stated past treatment included a TENS unit which was effective at improving the quality of activities of daily living, allowed patient to ambulate further and do more with less radicular pain, and required less medication. Diagnostic studies and surgical history were not provided. The clinical note dated 05/19/2014 indicated the injured worker complained of worsening pain and discomfort in the low back, hips and legs, not quantified. Physical exam findings showed a positive straight leg raise bilaterally at 70 degrees, moderate spasm in the lumbar spine, and 20% decrease in horizontal torsion and lateral bend. Current medications included Glucosamine Sulfate two tabs four times per day and Naproxen 550 mg twice per day. The request for treatment was a TENS Unit, the rationale and request for authorization were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens Unit Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** The injured worker complained of pain to the low back, hips and legs. The California MTUS guidelines state that TENS unit for chronic pain is 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 for chronic intractable pain include: documentation of pain of at least three months duration, and evidence that other pain modalities, including medications, have failed. The guidelines state that a one-month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period including medication usage, and a treatment plan including the specific short and long-term goals of treatment with TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. While the clinical notes do state the injured worker benefitted from the use of a TENS unit, with improvement in activities of daily living, decreased radicular pain, and reduction in use of medications, it is unclear how often or how long the unit was used. No other modalities for pain relief, besides glucosamine and Naproxen, were documented. Furthermore, the request does not specify the type of TENS unit (2-lead or 4-lead) or if the unit is for rental or purchase. Therefore the request for a TENS Unit is not medically necessary.