

<b>Case Number:</b>	CM14-0211008		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	12/06/1996
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 55-year-old female with a date of injury of 12/06/1996. According to progress report dated 11/25/2014, the patient presents with low back pain that radiates down the bilateral lower extremities, left greater than right. The pain radiates to the foot and is accompanied by frequent numbness into the lower extremities. The patient is status post lumbar epidural steroid injection on 08/19/2014 which provided 50% to 80% overall improvement. The patient states that the use of TENS unit, cold therapy unit, and heat therapy is "helpful." There is a functional improvement as a result of above therapy including gardening, mood, and sitting, standing in line, vacuuming, and washing dishes. The patient wishes to continue this therapy based on decreased pain and increased level of function and improved quality of life. The patient is only taking OTC Aleve as she is unable to tolerate most oral analgesics. Examination of the lumbar spine revealed tenderness upon palpation in the paravertebral area of L4-S1 levels. Range of motion of the lumbar spine was moderately limited secondary to pain. The pain was significantly increased with flexion and extension. Sensory exam showed decreased sensitivity to touch along the L4-L5 dermatome in bilateral lower extremity. Straight leg raise in the seated position was positive on the left at 45 degrees and on the right at 70 degrees. The listed diagnoses are: 1. Lumbar disk displacement. 2. Lumbar facet arthropathy. 3. Lumbar radiculopathy. 4. Lumbar spinal stenosis. 5. Vitamin D deficiency. 6. Chronic pain syndrome. The patient is currently not working. Treatment plan is for acupuncture therapy, follow up in 6 weeks for reevaluation, and replacement pads for the TENS unit as the patient has run out. The utilization review denied the request on 12/08/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Four Transcutaneous Electrical Nerve Stimulation (TENS) replacement pads:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

**Decision rationale:** This patient presents with chronic low back pain that radiates into the lower extremity with associated numbness. The current request is for 4 transcutaneous electrical nerve stimulation (TENS) replacement pads. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and it is not recommended as a primary treatment modality but a 1-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. The patient reports that utilizing a TENS unit helps in decreasing pain, increasing functional levels and improving quality of life. The patient reports specific functional improvement including gardening, mood, sitting, standing in line, vacuuming, and washing dishes. Given the documented efficacy of the TENS unit, the requested replacement pads IS medically necessary.