

<b>Case Number:</b>	CM15-0003082		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Emergency Medicine

### 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 53-year-old female who reported an injury on 12/21/2012. The injured worker noted a gradual onset of low back pain while riding in the passenger side of a UPS truck. The current diagnoses include chronic left knee pain, status post 2 arthroscopic surgeries to the left knee, chronic low back pain, and right paracentral disc protrusion at L3-4. The injured worker presented on 11/11/2014 with complaints of left knee pain and low back pain. Previous conservative treatment for the lumbar spine includes physical therapy, acupuncture, facet injection, and epidural steroid injection. Upon examination, there was diminished range of motion of the lumbar spine with 70 degree flexion, 20 degree extension, palpatory tenderness in the central low back, and positive pelvic rock test. There was normal motor strength and intact sensation in the bilateral lower extremities. Recommendations included a 30 day trial of a TENS unit. A Request for Authorization form was then submitted on 11/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day rental for a home trial of a TENS (transcutaneous electrical nerve stimulation) unit for the lumbar spine:** 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 Page(s): 114-117.

**Decision rationale:** The California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. A 1 month trial should be documented and is preferred over purchase. It is noted that the injured worker has been previously treated with physical therapy, acupuncture, injections, and medication for the lumbar spine. The injured worker continues to report 7/10 low back pain with radiating symptoms over the right side. The request was previously denied due to a lack of objective findings indicative of neuropathic pain and a lack of documentation of a failure of previous modalities, such as medication. However, it is noted that the injured worker utilizes Norco 10/325 mg up to 5 times per day, as well as Robaxin and Prozac. The injured worker has been unable to return to work since 03/2014. Upon examination, there is documentation of diminished range of motion with tenderness to palpation and positive pelvic rock testing. It is noted that the California MTUS Guidelines recommend a home based treatment trial for neuropathic pain and CRPS 1 and 2; however, the guidelines also recommend the use of a TENS unit for chronic intractable pain with documentation of pain for at least 3 months in duration after there has been evidence of a trial of other appropriate pain modalities, including medication. The injured worker meets criteria as outlined by the California MTUS Guidelines, as there is documentation of a chronic intractable pain condition with evidence of a failure of appropriate pain modalities. The current request for a 30 day rental for a home trial of a TENS unit for the lumbar spine does fall within guideline recommendations. Given the above, the request is medically appropriate in this case.