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| <b>Case Number:</b>   | CM15-0016163 |                              |            |
| <b>Date Assigned:</b> | 02/04/2015   | <b>Date of Injury:</b>       | 09/27/2006 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 12/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/28/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 52 year old male, who sustained an industrial injury on 09/27/2006. The diagnoses have included lumbar radiculopathy, spinal/lumbar degenerative disk disease, cervical disc degenerative, cervicogenic headaches, post-concussion syndrome, lumbar disc disorder, and myofascial pain syndrome. Treatments to date have included physical therapy and medications. Diagnostics to date have included an electromyography in 2011 which showed bilateral C6-7 radiculopathy. In a progress note dated 12/18/2014, the injured worker presented with complaints of low back pain. The treating physician reported wanting to trial a TENS (Transcutaneous Electrical Nerve Stimulation) Unit for the injured worker's myofascial and neuropathic pain. Utilization Review determination on 12/30/2014 non-certified the request for TENS (Transcutaneous Electrical Nerve Stimulation) Unit, 30 day trial citing Medical Treatment Utilization Schedule Chronic Pain, American College of Occupational and Environmental Medicine, and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit 30 Day Trial:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain Page(s): 114-116.

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and lower extremities. The request is for 30 DAY TRIAL OF TENS UNIT. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, this patient appears to have not tried TENS unit in the past. The patient does present with lumbar radiculopathy for which the use of TENS unit would be indicated. The request IS medically necessary.