

<b>Case Number:</b>	CM15-0019840		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39 year old female with an injury date of 08/01/2013. She presents on 11/18/2014 for follow up. She remained on tramadol, cyclobenzaprine and naproxen without side effects. Lumbar range of motion percent of normal was: Flexion 50, extension 40, left and right lateral tilt 40 and left rotation 40. Straight leg raise was positive bilaterally. The provider notes the injured worker does use TENS 5 days per week and this does facilitate significant diminution in pain and improve range of motion. Prior treatment includes physical therapy, TENS unit and medications. Diagnosis was protrusion of lumbar 5- sacral 1 with left sacral 1 neural encroachment, mild spondylosis lumbar 5- sacral 1, lumbar radiculopathy, electro diagnostics positive. On 01/26/2015 the request for TENS unit supplies-amount not specified was denied by utilization review. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: TENS Unit Supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 113-114.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "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, for neuropathic pain and CRPS II and for CRPS I" (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain from the exam note of 11/18/14 to warrant a TENS unit. Therefore the determination is for non-certification.