

<b>Case Number:</b>	CM15-0113413		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	07/29/2009
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, Pain Management

### 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 57 year old female, who sustained an industrial injury on July 29, 2009. The injury developed gradually over several years of employment. The injured worker has been treated for low back complaints. The diagnoses have included lumbago, posterior lumbar disc protrusion, lumbar discopathy and radiculopathy, lumbar radiculitis, lumbar spondylosis, chronic pain syndrome, opiate type dependence, chronic pain syndrome and neuropathy of the lower limbs. Treatment to date has included medications, radiological studies, electrodiagnostic studies, MRI, epidural steroid injections, acupuncture treatments, a transcutaneous electrical nerve stimulation unit and physical therapy. Current documentation dated April 29, 2015 notes that the injured worker reported low back pain rated a five out of ten on the visual analogue scale. The injured worker also noted significant bilateral shoulder pain. Examination of the lumbar spine revealed a decreased range of motion. The injured worker was noted to ambulate with an antalgic gait. The documentation notes that the injured worker had used a transcutaneous electrical nerve stimulation unit in the past with significant improvement. The treating physician's plan of care included a request for a transcutaneous electrical nerve stimulation unit and supplies for a 3 month rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit and supplies for 3 month rental: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

**Decision rationale:** Regarding the request for TENS unit and supplies for 3 month rental, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a 30-day TENS unit trial with analgesic efficacy and specific objective improvement, and no documentation of any specific objective functional deficits which a tens unit would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit and supplies for 3 month rental unit is not medically necessary.