

<b>Case Number:</b>	CM15-0114137		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/11/2015
<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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 47 year old man sustained an industrial injury on 9/2/2013. The mechanism of injury is not detailed. Diagnoses include lumbar discogenic pain and right lower extremity radicular symptoms. Treatment has included oral medications and use of TENS unit. Physician notes on a PR-2 dated 4/28/2015 show complaints of back pain with radiating pain down the right leg. Recommendations include surgical spine consultation, Ibuprofen, continue use of TENS unit, additional TENS unit pads and supplies, and work full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit x 3 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit times 3 months (and pads and supplies) is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-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, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one-month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar discogenic pain; and right lower extremity radicular symptoms. The documentation shows the injured worker already has and uses a TENS unit. Documentation from April 28, 2015 progress note states the injured worker needs pads and supplies. The documentation does not provide evidence of objective functional improvement of the TENS unit. The documentation states the injured worker receives short-term benefits from TENS. There is no documentation indicating how long the patient wears the unit or the anatomical location for its application and the effect on ADLs. The documentation is unclear whether the injured worker requires a second TENS unit. The progress note documentation states the injured worker requires pads and supplies. There is no request for authorization in the medical record. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines, lack of evidence of objective functional improvement to support ongoing TENS and supplies, TENS unit times 3 months (and pads and supplies) is not medically necessary.