

<b>Case Number:</b>	CM15-0114682		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/20/2015
<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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 35 year old female with an industrial injury dated 08/21/2014. The injured worker's diagnoses include lumbar sprain/strain and lumbar facet pin. Treatment consisted of diagnostic studies, prescribed medications, acupuncture treatments and periodic follow up visits. In a progress note dated 05/01/2015, the injured worker reported unchanged lumbar spine pain with associated spasm and stiffness. The injured worker rated pain an 8/10. The injured worker also reported that he was unable to fill Norco last month. Objective findings revealed spasm, tenderness to palpitation, and guarded lumbar motion due to pain. The treating physician prescribed services for transcutaneous electrical nerve stimulation (TENS) unit 30 day rental for lumbar spine now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit 30 day rental for lumbar spine:** Upheld

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

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

**Decision rationale:** Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. There was no discussion indicating the worker's pain was neuropathic, suggesting the one-month TENS trial would be part of a functional restoration program, or describing short- and long-term therapy goals. In the absence of such evidence, the current request for a thirty-day rental of a transcutaneous electrical nerve stimulation (TENS) unit for home use for the lumbar spine region is not medically necessary.