

<b>Case Number:</b>	CM15-0124172		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 40 year old male who sustained a work related injury November 29, 2010. According to a primary treating physician's progress report, dated May 13, 2015, the injured worker presented for follow-up with continued lower back pain, rated 5/10 with medication, and described as deep, aching pain with radiation to buttock, groin, and right anterior leg. He reports doing well on medication reducing his pain level and allowing him to work his regular job. He has had physical therapy in the past with a TENS unit which was helpful, along with trigger point injections. Physical examination revealed straight leg raise is mildly painful with tenderness to the groin. Lumbar spine palpation reveals spasms, tender lumbar paraspinal muscles and tenderness over the midline and paraspinal areas. Lumbar flexion noted as 50% normal, extension 25% normal, strength and tone normal. Diagnoses are lumbago, low back pain; disc degeneration lumbar/sacral. Treatment plan included continued medication, myofascial massage treatments, and at issue, a TENS (transcutaneous electrical nerve stimulation) unit x 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit x 1 month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back-lumbar and thoracic (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** Regarding the request for TENS unit x 1 month, 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. Also, guidelines recommendations by types of pain: neuropathic, phantom limb, chronic regional pain syndrome, multiple sclerosis, and spinal cord injury. Within the documentation available for review, it is unclear what other treatment modalities are currently being used within a functional restoration approach. Additionally, the patient does not have listed one of the types of pain for which a TENS is recommended. In the absence of clarity regarding those issues, the currently requested TENS unit x 1 month is not medically necessary.