

<b>Case Number:</b>	CM15-0172516		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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:

The injured worker is a 58 year old female, who sustained an industrial injury on October 8, 2014. The injured worker was diagnosed as having a lumbar facet arthropathy, lumbar spine disc bulge, and myofascial pain. Medical records (February 3, 2015 and July 10, 2015) indicate ongoing low back pain with decreased right leg radicular pain and continued low back muscle spasms. She uses a transcutaneous electrical nerve stimulation (TENS) unit for muscle spasms. The physical exam (February 3, 2015 and July 10, 2015) reveals lumbar range of motion increased to full with pain and continued positive facet loading maneuver. Per the treating physician (July 21, 2015 report), the injured worker is to remain off work. Treatment has included physical therapy, off work, a home exercise program, and medications including topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. The requested treatments included a TENS for the lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS rental x 6 months - lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. 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 rental times six months to the lumbar spine 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. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar facet arthropathy; lumbar spine disc bulge; and myofascial pain. Date of injury is October 8, 2014. Request for authorization is August 3, 2015. According to the most recent progress note dated July 21, 2015, there is a treatment plan, but the subjective, objective sections of the progress note are absent from the medical record. There are no attachments to this progress note. There is no documentation of a TENS trial. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, incomplete medical record (progress note) documentation, no evidence of a TENS trial, no clinical indication or rationale and guideline non-recommendations, TENS unit rental times six months to the lumbar is not medically necessary.