

<b>Case Number:</b>	CM15-0041760		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	11/22/2004
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 36-year-old male, with a reported date of injury of 11/22/2004. The diagnoses include lumbar spine sprain/strain, rule out lumbar facet arthropathy at L4-5 and L5-S1 bilaterally, and lumbar foraminal stenosis and retrolisthesis. Treatments to date have included oral medications; an MRI of the lumbar spine on 06/07/2014 which showed retrolisthesis at L5-S1, moderate disc degeneration at L5-S1, mild reactive narrow swelling at L5-S1, and at L5-S1 mild left and mild to moderate right foraminal stenosis. The progress report dated 01/26/2015 indicates that the injured worker complained of low back pain. He rated the pain 8 out of 10. There was occasional radiation of pain to his right lower extremity. The physical examination showed tenderness over the L4-5 and L5-S1 facet areas bilaterally; positive facet loading for pain in the lower lumbar region; negative straight leg raise test; grossly intact sensation in both lower extremities. The treating physician requested a transcutaneous electrical nerve stimulation - electronic muscle stimulation (TENS-EMS) unit for a one-month home-based trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS-EMS 1 month home based trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain 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. Electronic muscle stimulation (EMS) stimulates muscles and mimics exercise in those with nerve injuries. The MTUS Guidelines are silent on this issue, and there is no good evidence in the literature showing benefit for the treatment of pain. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that sometimes went into the legs. There was no discussion indicating any of the conditions or situations described above, detailing the results of a one-month TENS trial, reporting short- and long-term therapy goals, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a one-month home-based trial of a TENS-EMS unit is not medically necessary.