

<b>Case Number:</b>	CM15-0078181		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	05/21/2001
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male who sustained an industrial injury on 5/21/01. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, lumbar degenerative disc disease (DDD), ulnar nerve entrapment and carpal tunnel syndrome. Treatment to date has included medications, physical therapy which was helpful, home exercise program (HEP), gym membership, acupuncture, walking, Transcutaneous electrical nerve stimulation (TENS) with no relief of pain and H-wave unit with extreme benefit. The current medications included Ibuprofen, Lidoderm patch and Norco. Currently, as per the physician progress note dated 3/25/15, the injured worker complains of chronic pain in the low back which has been unchanged with treatments. The pain was rated 6-7/10 on pain scale. There is right lower extremity (RLE) weakness, joint pain, numbness and sleep disturbance. Physical exam revealed forward flexed posture and she was wearing a brace for the lumbar spine. The injured worker is not working. The previous physical therapy visits were noted. The subsequent physician progress notes documented that the transcutaneous electrical nerve stimulation (TENS) unit was not providing pain relief. The physician requested treatment included one transcutaneous electrical nerve stimulation (TENS) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Tens Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens.

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

**Decision rationale:** The patient presents with pain and weakness in his lower back and upper/lower extremities. The request is for TENS UNIT. Per 03/25/15 progress report, the patient has had physical therapy, home exercise program, Gym membership, TENS and H-wave. TENS unit is not allowing for pain relief. The patient has been utilizing Ibuprofen and Norco. The patient is currently not working. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the patient does present with carpal tunnel syndrome bilaterally indicated for the use of TENS unit. The patient has used TENS unit in the past with no help. Prior treatment appears to have failed and there is no explanation as to what can be accomplished with additional TENS unit and how often it is used. MTUS requires documentation of one-month use and efficacy before a TENS unit is allowed for a home use. Without documentation of functional improvement, additional TENS cannot be considered. The request is not medically necessary.