

<b>Case Number:</b>	CM15-0091610		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	09/25/2010
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old female, who sustained an industrial injury on 9/25/2010. She reported injury from lifting boxes of chicken. The injured worker was diagnosed as having lumbar degenerative disc disease, degenerative joint disease and radiculopathy and right knee injury. Lumbar magnetic resonance imaging showed lumbosacral disc herniation and an annular tear. Treatment to date has included physical therapy, TENS (helped to improve function and reduce pain), epidural steroid injection, trigger point injections, medial branch blocks, spinal surgery and medication management. In progress note dated 5/21/2015, the injured worker complained of low back pain rated 5/10 without medications and 1/10 with medications. On exam there was normal gait, lumbar spine showed paravertebral tenderness to palpation, positive FABER test and negative straight leg test, lower extremity motor, sensory and reflex exams were normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation) unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48; Chp 12 pg 300, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-27.

**Decision rationale:** Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines, there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one-month trial of TENS to see if there is functional improvement by using this modality. However, this trial is limited to patients with neuropathic pain, chronic regional pain syndrome, phantom limb pain, spasticity, multiple sclerosis or in the first 30 days after surgery and the unit must be used in conjunction with other treatment modalities in an overall approach to functional restoration. A meta-analysis in 2007 suggested effectiveness of this modality for chronic musculoskeletal pain but random controlled studies are needed to verify this effectiveness. The MTUS lists specific criteria for use of this treatment. The patient noted prior use of this device did improve function and lessen her pain. However, the patient now does not meet the criteria specified for use of this modality. Specifically, there is no evidence that other appropriate pain modalities have failed. In fact, it is just the opposite in that the patient noted significant improvement in pain with use of her medications. Medical necessity for use of this device has not been established.