

<b>Case Number:</b>	CM14-0154975		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58-year-old male with an 11/7/11 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/29/14, the patient complained of low back pain with worsening right lower extremity pain rated as a 6-9/10. The pain was made worse by increasing his activity level. The patient's right leg pain and numbness has returned and has been interfering his walking and exercises. The patient uses TENS unit on a daily basis, especially when he has a flare-up of low back pain from doing his activities of daily living. He reports using the TENS in place of taking a pain pill. The pain decreases by 30% allowing him to continue his house chores or home exercise program. Objective findings: spasms in the lumbar paraspinal muscles, pain in the lumbar spinous processes, limited range of motion of lumbar spine, worsening decreased sensation to touch in the right calf extending into the foot. Diagnostic impression: lumbar sprain/strain, chronic pain syndrome, lumbosacral radiculitis. Treatment to date: medication management, activity modification, lumbar ESI, TENS unit. A UR decision dated 9/9/14 denied the request for TENS Unit Supplies. There was no mention that the patient was using the TENS unit on a daily basis in place of taking a pain pill. The pain was reportedly decreased by 30 percent, this indicates that the TENS unit is being used for the long term. The use of a TENS unit is unproven as an effective treatment alternative for long-term pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 TENS Unit Page(s): 114-116.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit 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 and that other ongoing pain treatment should also be documented during the trial period including medication. However, in the present case, the patient is noted to have previously used a TENS unit resulting in pain reduction and improvement with activities of daily living. However, the specific objective functional improvements directly related to the use of TENS unit are not clearly outlined. In addition, there is no documentation of the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no documentation of how often the unit was used. Due to the fact that the medical necessity of TENS unit has not been established, this request for TENS unit supplies cannot be substantiated. Therefore, the request for TENS Unit Supplies was not medically necessary.