

<b>Case Number:</b>	CM13-0012419		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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:

The patient is a 34-year-old female who reported an injury on 09/26/2008. The patient is currently diagnosed with a lumbar strain, left sacroiliac pain, and left hip and leg pain. The patient was recently seen by [REDACTED] on 10/17/2013. The patient reported 6-7/10 lower back pain with 5/10 left hip pain. Physical examination revealed 2+ deep tendon reflexes, diminished sensation in the entire left lower extremity, 5/5 muscle strength, negative straight leg raising, tenderness to palpation in the left gluteus medius, left tensor fascia, and thoracic back. Treatment recommendations included continuation of current medication and a TENS purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit - Lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be

considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. There should be documentation of pain at least 3 months in duration and evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, the patient has previously utilized a TENS unit which reportedly decreased her pain level by 20%. However, it is not indicated if this patient formally underwent a 1 month home-based trial. Documentation of objective measurable improvement was not provided. There is also no evidence of a recent failure to respond to conservative care. There is also no evidence of a treatment plan including the specific short and long-term goals of treatment with the TENS unit. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.