

<b>Case Number:</b>	CM13-0013504		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	01/24/1994
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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:

The injured worker (IW) is a 52-year-old male who suffered a work injury to his back on 1/29/1994. The treating physician report dated May 15, 2013 indicates that the IW complains of persistent lower back pain and pain radiating into both legs with paresthesias. Physical exam findings include paraspinal spasm and 25% reduction in lumbar range of motion. The IW has previously been treated with back bracing, medications, TENS unit, and Lidoderm patches. MRI was positive for DDD. The current diagnosis is Lumbosacral DDD/DJD. The utilization review report dated 7/30/2013 denied the request for GSM TENS unit with HAN programs for purchase, 4 lead electrodes, and batteries based on lack of supporting evidence after referencing ACOEM and MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GSM TENS UNIT WITH HAN PROGRAMS FOR PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

**Decision rationale:** The injured worker is a 52-year-old male with a history of chronic lower back pain. The current request is for GSM TENS unit with HAN program for purchase. Records indicate the IW has been treated with back bracing, medications, Lidoderm patches as well as a TENS unit. There is no documentation to indicate what type of response the IW received with the TENS unit or the duration of the usage. MTUS guidelines do not support TENS for chronic pain. However, the MTUS guidelines do support a TENS unit trial with proper documentation which is not found in the records provided. For this reason, this request is not medically necessary.

**4 LEAD ELECTRODES (4 PAIRS PER 3 MONTHS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**BATTERIES (6 PER 3 MONTHS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.