

<b>Case Number:</b>	CM13-0017412		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/10/2004
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Occupational Medicine 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 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 has a filed a claim for chronic low back pain reportedly associated with an industrial of September 10, 2004. Thus far, the patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of aquatic therapy; and extensive periods of time off of work. In a utilization review report of August 21, 2013, the claims administrator denied a request for a TENS unit associated garment. The patient later appealed on August 27, 2013. An earlier note of July 10, 2013 is notable for comments that the patient reports persistent low back pain complaints. She is on BuTrans patches. She is asked to obtain a TENS unit and associated garments while remaining off of work, on total temporary disability. She is under the concurrent care of a pain management specialist, it is further noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

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

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

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit may be indicated in applicant with chronic intractable pain of greater than three months' duration in whom other appropriate modalities have been tried and/or failed and in whom a successful one month trial of a TENS unit has been obtain prior to a request for purchase of the same. In this case, the attending provider sought purchase of a TENS unit without an intervening one-month trial of said TENS unit. This is not indicated, per page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

**1 electric garment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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