

<b>Case Number:</b>	CM13-0017614		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	08/13/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 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:

Patient is a 26-year-old male who has submitted a claim for lumbar sprain/strain associated with an industrial injury date of 6/6/13. Medical records from 2013 were reviewed which showed persistent burning, radicular low back pain with muscle spasm. Pain radiates to both lower extremities with associated numbness and tingling sensation. Physical examination of the lumbar spine showed flexion at 80 degrees. Extension is at 30 degrees. Rotation is at 45 degrees bilaterally. Straight leg raise test is negative bilaterally. Treatment to date has included modified restrictions in work. Utilization review from 8/13/13 denied the requests for Cyclophene, Ketoprofen Cream and TENS unit for lumbar spine. Regarding Cyclophene, it was denied because topical medication which contains cyclobenzaprine is not recommended for topical use. Ketoprofen was denied because there are many side effects associated to its use. TENS was denied because there is insufficient scientific testing exists to determine its effectiveness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back for TENS.

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

**Decision rationale:** As stated on pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as the primary treatment modality but a one-month trial may be considered. It should be used as an adjunct to a program of evidence-based functional restoration given that conservative treatment methods have failed and that a specific treatment plan with short and long term goals has been established. In this case, medical records did not mention whether the patient has exhausted all conservative treatment measures. In addition, treatment goals were not highlighted for the TENS unit. Moreover, the request failed to specify if the device is for rental or purchase. Therefore, the request for a TENS unit for the lumbar spine is not medically necessary.