

<b>Case Number:</b>	CM13-0020778		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 25 year old male with injury from 1/31/13, has a diagnosis of lumbar sprain/strain. Injury is from laying out floor mat when he pulled his low back. The request for TENS unit has been denied per UR letter 8/14/13. A 5/6/13 report is by [REDACTED] and indicates that the patient has frequent pain in low back with radiation into bilateral buttocks, posterior thigh with 9/10 pain. Physical therapy has not been helpful, lumbar support helps and TENS unit has been helpful. MRI showed 7mm protrusion at L5-1. Listed diagnoses are lumbago, displacement of lumbar disc without myelopathy, spinal stenosis of L-spine, myalgia, post annular tear at L5-S1. He recommended an ESI, transdermal analgesics, naproxen, Omeprazole Ultram. There is a short report from 2/27/13 which appears to be a therapy note indicating that the electrical stimulation was painful and the patient would rather not have it.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a TENS unit for the lower back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy Page(s): 114..

**Decision rationale:** A review of more than 6 month of progress reports do not show any evidence that this patient has adequately tried a TENS unit. [REDACTED] report from 5/6/13 states that TENS unit was helpful. However, a report from 2/27/13 states that the patient did not tolerate electrical stimulation. Current request is for a TENS unit for home use. [REDACTED] has a checked box, requesting TENS unit treatment. Unfortunately, he does not provide any discussion as to how the patient has responded to a TENS unit in the past, whether or not they reduced pain, improved function, etc. Without such a discussion, it cannot be determined that a home TENS unit would make any difference in managing this patient's chronic pain. MTUS requires one month rental for this very reason, to determine whether or not TENS unit would be beneficial. Based on reports reviewed, it would appear that the patient has tried a TENS unit but the treater does not provide any discussion regarding its efficacy. The request for the purchase of a TENS unit for home use is not medically necessary and appropriate.