

<b>Case Number:</b>	CM13-0022242		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Orthopedic Surgery, 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 claimant is a 46-year-old gentleman who was injured in a work related accident 08/26/10. Clinical records reviewed include a recent progress report of 08/13/13 by [REDACTED] states ongoing complaints of low back pain for which future surgery in the form of a revision L4-5 and L5-S1 fusion is being recommended. Physical evaluation at that time showed restricted lumbar range of motion with 5/5 distal motor tone. A normal sensory examination to the lower extremities and equal and symmetrical reflexes was noted. The claimant was diagnosed with prior lumbar laminectomy at L4-5 and L5-S1, sexual dysfunction, insomnia and anxiety. Recommendations at that date was for a three month rental of a TENS unit as well as authorization for surgery in the form of an L4-5 and L5-S1 fusion to be performed by a [REDACTED]. Other forms of recent conservative care are not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 month tens unit rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

**Decision rationale:** Based on California MTUS Guidelines, a three month rental of a TENS device is not supported. While TENS devices can be utilized for three months duration in the chronic pain setting, a one month trial should be documented demonstrating functional improvement as well as documentation of other forms of appropriate modalities that have been tried and utilized and not successful including medication agents, physical therapy and exercise programs. The absence of documented conservative measures and the request of three months of rental would fail to necessitate the role of a TENS unit at this stage in the claimant's chronic course of care.