

<b>Case Number:</b>	CM13-0033957		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/14/2009
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Family Practice, has a subspecialty in Preventive 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:

The 39 year old male claimant sustained an injury on 6/14/09 resulting in chronic low back pain. His diagnoses included: facet arthropathy, L5-S1 stenosis, thoracic spine strain, and neuropathy of the legs. He had fusion of the L5-S1 region with residual back and leg pain. On 10/24/12 he was recommended an exercise program, TENS unit and a low calorie diet. His pain medications included Norco and Zanaflex. An exam report on 2/13/13 noted continued 5/10 back pain. He was also undergoing aquatic therapy and acupuncture. On 6/24/13 a request was made to purchase the TENS unit. An exam report on 8/26/13 noted continued 4-7/10 back pain with radicular symptoms and hand weakness. A request was also subsequently made for a Kronos lumbar support in addition to the other modalities that were ongoing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRO TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT FOR PURCHASE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Trancutaneous Electrotherapy Page(s): 114-115.

**Decision rationale:** According to MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Without a one month trial rental, a long term purchase is not medically necessary.

**DME: PURCHASE OF A KRONOS LUMBAR SUPPORT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to the ACOEM guidelines referenced above, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant was 2 years beyond the acute phase and the use of a Kronos lumbar support is not medically necessary.