

<b>Case Number:</b>	CM13-0034431		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Family Practice and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 10/14/2011. The patient is currently diagnosed with cervical spondylosis, mild cervicgia, lumbar degenerative disc disease and spondylosis, nonspecific radicular symptoms, thoracolumbar myofascial strain, and thoracic scoliosis. The patient was seen by [REDACTED] on 09/17/2013. The patient reported 8/10 pain. Physical examination revealed normal gait, tenderness to palpation of the bilateral lumbar paraspinal muscles and gluteal region, normal range of motion, positive straight leg raising on the left, intact sensation, and 5/5 motor strength in the bilateral lower extremities. Treatment recommendations included facet joint injections and authorization for a home trial of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit, supplies and batteries (60-90 days):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117-120.

**Decision rationale:** California MTUS Guidelines state transcutaneous electrical therapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence based functional restoration. There should be documentation of pain at least 3 months in duration and evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, it was noted that the patient received pain relief with a TENS unit during a course of physical therapy. Documentation of the previous course of treatment was not provided. Additionally, there is no evidence of a treatment plan including the specific short and long term goals of treatment with the TENS unit. The current request for a 60 to 90 day rental exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.