

<b>Case Number:</b>	CM13-0034845		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/07/2009
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	09/30/2013
<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 Pain Management, has a subspecialty in Disability Evaluation 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:

According to medical records reviewed, the claimant is a 53-year-old gentleman with a state date of injury of 05/07/2009. While performing his usual and customary duties he was pulling a pressure steam cleaner on wheels that weighed approximately 1,200 pounds when he experienced severe pain in his testicles and his back. The pain radiated to his back and his legs. He fell to his knees due to the severity of pain. The patient was sent to [REDACTED] and physical therapy was instituted. He has had two sessions of physical therapy, which made matters worse. He underwent MRI studies of his lumbar spine. In 07/2009 he experienced pain in his groin region and developed two masses. He was seen at Hospital Emergency Room and was diagnosed with a hernia and was advised to have hernia repair in the Emergency Room. The following diagnosis were made: Lumbar Spine Radiculopathy and Inguinal Hernia. The following treatment were provided: In regard to his low back, the patient was given tramadol ER 15 mg PO every day, #30; Flexeril 7.5 mg PO twice per day, PRN, #90; Protonix 20 mg PO twice per day; and Naprosyn 550 mg 1 PO twice per day PRN.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 115-117.

**Decision rationale:** The guidelines indicate that 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. There is no documentation of a 30 days trial of TENS unit to determine efficacy, therefore, the request for purchase of TENS unit is not medically necessary.