

<b>Case Number:</b>	CM13-0037906		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Physical Medicine & Rehabilitation, 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 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 patient is a 49-year-old male who reported an injury on 10/22/2002. The patient is diagnosed with lumbar radiculopathy. The patient was seen by [REDACTED] on 08/20/2013. The patient reported increasing lower back pain. Physical examination revealed tenderness to palpation with spasm at L3-5 paraspinal muscles, improved range of motion, and 5/5 motor strength. Treatment recommendations included continuation of current medications and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 117-121.

**Decision rationale:** California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option. As per the documentation submitted, the patient has utilized a TENS unit in the past. However, documentation of a 1 month trial period

with evidence of how often the unit was used as well as outcomes in terms of pain relief and function were not provided for review. There is no evidence that other appropriate pain modalities have been tried and failed. The patient does report improvement following the use of an H-wave system and a reduction in pain and muscle spasm with the use of the current medication regimen. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.