

<b>Case Number:</b>	CM13-0039035		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/14/2008
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 patient is a 61-year-old gentleman who was injured in a work related accident on 06/13/03. Mechanism of injury is unclear. Clinical records for review in this case include diagnosis of chronic low back pain. Records indicate that he has undergone a significant course of continued medication management for the past several years. A recent progress report of 11/06/13 with [REDACTED] indicates current complaints of chronic lumbar spine pain with radiating pain to the legs with associated numbness. He describes continued use of medications that are becoming "less effective". Physical examination findings were "deferred". He did demonstrate an antalgic gait and normal vital signs. The plan at that time was for continuation of medication management in the form of Lyrica, Norco, and a follow up was recommended with [REDACTED] for underlying medical issues including his lungs, prostate, blood pressure, and sugars. Clinical records for review do not mention the use of a TENS device. However, there is recommendation for a TENS device at present.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS unit:** Upheld

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

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

**Decision rationale:** Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, the use of a TENS device in this case would not be indicated. In the chronic pain setting, TENS devices are only recommended if other appropriate pain modalities have been utilized and fail, and only indicated in the form of a month trial with documentation of benefit noted to sustain long term use. The long term use of a home TENS unit in this case would not be indicated in absence of a trial or based on current clinical records that do support other forms of recent care other than medication agents.