

<b>Case Number:</b>	CM13-0039711		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Internal 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:

Patient is an injured worker with a primary diagnosis of lumbar spine strain/sprain. Date of injury was 09-11-2013. Orthopedic consultation note dated 09-18-2013 by [REDACTED] provided a progress report. Subjective: On September 11, 2013, patient was bending over to move boxes of files to be shredded, when she felt a pinch in her lumbar spine. She had mild symptoms to the lumbar spine the following day at work, and by day number two, she was experiencing pain that required her to modify her activities. She complains of pain at the lumbar spine at the sacral iliac notches. She characterized her pain as an aching, pulling, and stabbing sensation. She denied paresthesias to bilateral lower extremities associated with this injury. Her low back pain was 5 to 6 on a scale of 0 to 10. Her pain is better with icy hot patches and over-the-counter ibuprofen. Physical examination: Gross visual inspection reveals no obvious deformity in the general physical appearance of the lower extremities. The patient is noted to rise from her chair in the waiting room and ambulate to the exam room with a non-antalgic gait. Evaluation of the lumbar spine: Flexion 30, Extension 15. Lateral bending 15 R, 15 L. Rotation 40 R, 60 L. Tenderness and spasm in lumbosacral joints, sacroiliac joints, sciatic notches. Patellar and Achilles tendon reflexes 2+. Straight leg raise negative. Motor strength 5+. Diagnosis was Lumbar spine strain/sprain. Treatment plan: TENS Unit, Physical Therapy, Ibuprofen. Patient has not had any sessions physical therapy. Request for Authorization (RFA) for TENS unit was dated 09-18-2013. Utilization review dated 10-03-2013 recommended Non-Certification of the request for TENS unit.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

**Decision rationale:** MUTS, ACOEM and ODG guidelines state that TENS is not recommended. Patient has not had her acute back condition for at least months, and has not tried and failed other appropriate pain modalities, including physical therapy or prescription medications. The clinical guidelines and medical records do not support the medical necessity of TENS unit. Therefore, the request for TENS Unit is Not medically necessary.