

<b>Case Number:</b>	CM13-0040136		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine and 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 injured worker is a 42-year-old male who reported an injury on 11/10/2011. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back with radiating pain into the bilateral lower extremities. The injured worker's treatment history included physical therapy, epidural steroid injections, and multiple medications. The injured worker was evaluated on 09/27/2013. It is documented that the injured worker had ongoing low back pain rated at a 6/10 to 8/10. Physical findings included tenderness to palpation over the lumbar paraspinal musculature with tenderness to palpation over the L4-S1 spinous process with decreased range of motion and significantly decreased grip strength of the left side. The injured worker's diagnoses included displacement of the lumbar intervertebral disc without myelopathy, sciatica, lumbosacral neuritis or radiculitis, and neuralgia, neuritis, and radiculitis. The injured worker's treatment plan included continuation of medications, lab orders, and the use of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF A 4-LEAD DIGITAL TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION ) DEVICE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS).

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

**Decision rationale:** California Medical Treatment Utilization Schedule recommends the use of a TENS unit as an adjunct therapy to an active restoration program. The clinical documentation fails to provide any evidence that the injured worker is currently participating in a home exercise program. Additionally, California Medical Treatment Utilization Schedule recommends the purchase of this type of durable medical equipment be based on a 30 day trial that produces significant functional benefit and pain relief. There is no documentation that the injured worker has undergone a trial of this treatment modality. Therefore, the need for the purchase of this type of equipment is not supported. As such, the requested purchase of a 4-lead digital TENS (transcutaneous electrical nerve stimulation) device is not medically necessary or appropriate.