

<b>Case Number:</b>	CM13-0041811		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/19/2010
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 Physical Medicine & Rehabilitation and Sports Medicine and is licensed to practice in Texas and New York. 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 reported an injury on 02/19/2010. The mechanism of injury was not submitted. The documentation states the patient experienced a flare up of pain to his left mid back. The patient underwent a short course of acupuncture treatment which the patient found to be efficacious. Since then, the patient has continued to experience residual left low back and mid back pain. When the symptoms increase beyond a tolerable state, the patient follows up with his doctor. Recently, the patient followed up with the doctor who put in a request for the patient to be provided with a TENS unit for home use. The doctor also recommended a pain management consultation. The patient was also recommended a lumbar epidural steroid injection. The patient continues prescriptive medication in the form of tramadol, Tylenol extra strength, orphenadrine, omeprazole, and Medrox patches. The patient has also been reported to be using a home exercise program in the form of daily stretching. The patient complained of intermittent to constant, sharp, aching pain. The symptoms are moderate to severe in intensity depending on activity or sleep. The patient noted intermittent stiffness about the neck. The patient also noted left cervical mild cramping. The patient had mildly decreased flexion range of motion in the cervical spine. The patient had a positive impingement sign on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**for TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** CA MTUS recommends a TENS unit for chronic intractable pain with documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, ongoing pain treatment. A 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial period. The clinical documentation submitted for review does not indicate that the patient is participating in other functional restoration modalities. Also, no recent objective documentation was submitted for review indicating a failure of other pain modalities. Given the lack of documentation to support guideline criteria, the request is non-certified