

<b>Case Number:</b>	CM13-0046541		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/24/2005
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 and Rehabilitation and is licensed to practice in Minnesota. 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 54-year-old female who reported an injury on 08/24/2005. The mechanism of injury was not specifically stated. The current diagnoses include low back pain, facet syndrome, SI joint pain/dysfunction, and lumbar disc disease. The injured worker was evaluated on 09/30/2013. The injured worker reported ongoing lower back pain. Physical examination on that date revealed marked tenderness over bilateral lower lumbar paraspinals and sacral notch, intact motor strength, mild sensory loss on the left at the L5 dermatome, negative straight leg raising, and intact distal pulses and reflexes. The treatment recommendations at that time included a course of physical therapy. A prescription was then issued on 10/05/2013 for a TENS unit trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A 90 DAY TRIAL OF A TENS UNIT:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. The current request for a 90-day trial exceeds guideline recommendations. There is also no documentation of a failure to respond to other appropriate pain modalities. Based on the clinical information received and the California MTUS guidelines, the request is not medically necessary.