

<b>Case Number:</b>	CM13-0048491		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 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 patient is a 48 year old female with a date of injury on 07/21/2009 when she was pulling out a set of steps on a mobile home. Diagnostic studies reviewed include MRI of the lumbar spine dated 08/31/2013 revealed 1 mm posterior bulge without evidence of canal stenosis or neural foraminal narrowing at L1-L2, L2-L3, L3-L4. Progress report dated 09/05/2013 indicates the patient complained of lumbar spine pain, right knee pain that increases with ambulation. Objective findings on exam revealed positive SI joint tenderness; positive faber. The right knee with normal appearance. Diagnoses are levoscoliosis, righsacroilitis, right knee pain, and lumbar spine degenerative joint disease. Prior utilization review dated 10/21/2013 states the request for a TENS unit rental was not approved as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens unit rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens Chronic Pain Page(s): 113-117.

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

**Decision rationale:** According to California MTUS guidelines, the Transcutaneous Electrical Nerve Stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The available medical records do not address that the patient is engaged in a functional restoration program. On the other hand, the guidelines indicate this kind of treatment modality to certain conditions. Although the medical records address the diagnosis of spinal cord injury, they do not document the presence of spasticity (an indication for TENS use) secondary to the spinal cord injury. The available patient's records do not document any other indication for the usage of TENS. Therefore, the medical necessity of the TENS unit - rental has not been established according to the guidelines. Therefore the request is not medically necessary.