

<b>Case Number:</b>	CM13-0049493		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/02/2005
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 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 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 is a 54-year-old male who reported an injury on 03/02/2005. The mechanism of injury was not provided. The patient was noted to have a sore low back with bending and twisting. The patient's diagnosis was noted to include a chronic lumbar strain. The request was made for the purchase of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit (purchase):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115, 116.

**Decision rationale:** California MTUS Guidelines recommend that for ongoing treatment, a one-month trial must document how often the unit was used, as well as outcomes in terms of pain relief and function and that it was used as an adjunct to ongoing treatment modalities with a functional restoration approach. Additionally, other ongoing pain treatment should be documented during the trial period, including medication usage. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. The

clinical documentation submitted for review indicated that the patient had a trial period of 2 months and an additional 2 months were requested on 07/09/2013. There was a lack of documentation indicating the functional benefit received from the requested TENS therapy. There was a lack of documentation of a treatment plan, including specific short and long-term goals of treatment. There was a lack of documentation indicating that the patient had objective pain relief. The request for a TENS unit purchase is not medically necessary.