

<b>Case Number:</b>	CM13-0053019		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/27/2004
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 and 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 45-year-old male who reported injury on 02/27/2004. The mechanism of injury was stated to be the patient was driving a bus on a street which was undergoing construction. The street ahead was removed which caused the front wheels of the bus to drop about 1 foot from the paved street the dirt surface and as the front wheels dropped this caused the hydraulic mechanism of the driver's chair to malfunction which then caused the driver's chair to drop and the patient experienced an immediate onset of lower back pain. The diagnoses were noted to be degenerative disc disease and discogenic disease of the lumbar spine at L3-4 and L4-5, status post anterior/posterior fusion without spinal canal decompression associated with bilateral lower extremity radiculitis and potential pain related to the retained pedicle screw hardware status post removal of the spinal cord stimulator. The most recent examination revealed the patient had an approval for a 30 day trial of a TENS unit; however, it indicated the physician opined the patient should purchase the unit. It was indicated the patient utilized the TENS unit to help control symptoms and would like a permanent TENS unit. The patient indicated it caused the pain to calm down. It was further indicated the patient would like to try yoga exercise program to see if that helps control the pain as well as a permanent TENS unit. The request was made for a TENS unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation):** 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 Section TENS (transcutaneous electrical nerve stimulation), Page(s): 115-116.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines recommend a 1 month trial that documents how often the unit was used, the objective outcomes in terms of objective pain relief and objective function and that it was used as an adjunct to ongoing treatment modalities with functional restoration approach. Additionally, there should be documentation during the trial period of medication usage and specific short and long-term goals of treatment. The clinical documentation submitted for review failed to provide documentation of the above requirements. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for TENS unit purchase is not medically necessary.