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| <b>Case Number:</b>   | CM13-0053784 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 11/02/2011 |
| <b>Decision Date:</b> | 05/19/2014   | <b>UR Denial Date:</b>       | 10/29/2013 |
| <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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 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 claimant, 40-year-old female, sustained a low back injury on November 2, 2011, in a work-related accident. The records available for review include a November 19, 2013, follow-up assessment, which notes that the patient is status post a lumbar laminectomy of July 17, 2013, and reports continued complaints of postoperative low back pain and radiating leg pain, left greater than right. There was noted to be restricted range of motion with weakness globally to the left lower extremity, restricted lumbar range of motion and diminished sensation in an L4 through S1 dermatomal fashion. The records contain no reference to postoperative diagnostic studies. The claimant was diagnosed with lumbar degenerative disc disease at L4-5 status post surgical process with continued radiculopathy. The recommendations at that time were for continued use of formal physical therapy, acupuncture and the purchase of a TENS unit. This review addresses the request 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:

#### **PURCHASE OF TENS UNIT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use Of Tens.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** According to California MTUS ACOEM Chronic Pain Medical Treatment Guidelines, a TENS device for purchase would not be supported as medically necessary. The Chronic Pain Guidelines support the use of TENS devices in the chronic pain setting for a one-month trial period after evidence that other appropriate modalities, including medications, have failed. The records reviewed in this case indicate that the claimant is still in the postoperative course of care and undergoing treatment with acupuncture therapy and medication agents. Absent the one-month trial period and given the claimant's clinical presentation in the postoperative period, the purchase of a TENS unit would not be supported as medically necessary.