

<b>Case Number:</b>	CM13-0054308		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Illinois. 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 49-year-old female who reported an injury on 02/17/2012. The mechanism of injury is not specifically stated. The patient is currently diagnosed with low back pain, lumbar degenerative disc disease, lumbar radiculitis, lumbar stenosis, and disc disorder in the lumbar spine. The patient was seen by [REDACTED] on 10/18/2013. The patient reported bilateral neck and buttock pain. Physical examination revealed restricted lumbar range of motion, positive straight leg raising on the right, diminished strength, and intact sensation. Treatment recommendations included a TENS unit as well as a back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Other DME:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** This request is for a TENS unit and supplies for the lumbar spine. California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option. As per the documentation submitted, there is no evidence of a

failure to respond to other appropriate pain modalities. There is also no documentation of a successful 1 month trial period with a TENS unit prior to the request for a unit purchase. There is also no documentation of a treatment plan including the specific short and long-term goals of treatment with the TENS unit. Based on the clinical information submitted and the California MTUS Guidelines, the request is non-certified.