

<b>Case Number:</b>	CM13-0056255		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Mississippi. 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 injured employee is a 64-year-old female who states that she sustained a work-related injury on March 8, 2012. The most recent physicians note available for review is a follow up appointment dated October 2, 2013. The chief complaints on this date were severe low back pain and severe leg pain. It was stated that the injured employee has failed to improve with conservative treatment including oral medications, activity modification, physical therapy and prolonged rest. The physical examination of this 140 pound 5'5" female notes known spasms of the lumbar spinal muscles. There was a positive left sided straight leg raise at 60°. Muscle strength in all of the lower extremities is 5/5. There was a diagnosis of multilevel lumbar discogenic disease and lumbar radiculopathy. A previous lumbar epidural steroid injection provided 80% to 90% pain relief for four months' time. An additional lumbar epidural steroid injection was recommended as well as the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. A previous independent medical review, dated November 1, 2013, did not authorize the usage 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 a TENS unit:** 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 Chronic Pain Page(s): 114-115.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines does not recommend the use of a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is not stated in the medical records provided that a previous TENS unit trial has been conducted. Additionally, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. As none of this information has been provided in the attached medical record, this request for the usage of a TENS is not medically necessary.