

<b>Case Number:</b>	CM13-0057425		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; lumbar MRI imaging apparently notable for multilevel disk protrusions and herniations of uncertain clinical significance; work restrictions; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. The applicant has been given work restrictions, which apparently have not been accommodated by the employer; it is suggested on a June 26, 2013 progress note. In a Utilization Review Report of November 20, 2013, the claims administrator denied request for both a TENS unit and follow-up visits, stating that other appropriate measures had not been exhausted before the TENS unit was considered. A September 12, 2013 progress note is notable for comments that the applicant has had no significant improvement since last visit. The applicant reports persistent low back pain radiating in the right leg. The applicant has positive straight leg raising on the right with associated lumbar tenderness. The applicant is asked to pursue a diagnostic epidural steroid injection. On July 31, 2013, the applicant is asked to follow up with spine surgeon. A rather proscriptive 20-pound lifting limitation was endorsed, which the applicant's employer apparently cannot accommodate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT DEVICE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TRANSCUTANEOUS ELECTROTHERAPY Page(s): 116.

**Decision rationale:** No, the proposed TENS unit device is not medically necessary, medically appropriate, or indicated here. The request is apparently submitted as a purchase. However, as noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, the decision to purchase a TENS unit should be made only after there has been evidence of a successful one-month trial of the same, with favorable outcome in terms of both pain relief and function. In this case, however, there is no evidence that the applicant has in fact had a favorable outcome in terms of pain relief or function following a prior one-month trial of a TENS unit device in question. Therefore, the request is not certified, on Independent Medical Review.

**ORTHOPEDIC FOLLOWUP VISIT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The proposed orthopedic follow-up visits, conversely, are medically necessary, medically appropriate, and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, the applicant has failed to return to work. The applicant has failed to respond favorably to various other treatments. Frequent follow-up visits, including with the orthopedics specialist in question are therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.