

<b>Case Number:</b>	CM13-0057969		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/16/2007
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 is a 40-year-old female, who was injured in a work-related accident on 09/16/07, sustaining an injury to the low back. The records indicate that following a course of conservative care, she was status post a June 2010 L4-5 interbody fusion procedure. There are continued complaints of low back and radiating hip pain. There is documentation of an ongoing course of medication management and activity restrictions. A recent clinical progress assessment of 11/07/13 showed the follow-up of low back and hip related complaints, describing increased complaints of pain to the medial thigh and groin. It states that at that time the claimant utilized a TENS unit for a significant period of time and there is a request for a replacement unit for ongoing course of care. Documentation of other forms of treatment, other than medication management is not noted. While it is indicating that the claimant has been utilizing the unit, there is no documentation of significant benefit with the unit based on the claimant's going and continuous pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF A REPLACEMENT TENS UNIT FOR THE LUMBAR SPINE:** 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 ELECTRICAL NERVE STIMULATION (TENS) Page(s): 114-116.

**Decision rationale:** The Chronic Pain Guidelines indicate that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The medical records indicate chronic complaints of pain, with limited documentation of a functional restoration program or advancement of the claimant's current symptoms. Taking into account that there is no documentation of significant benefit with the previous use of the device, the role of a "replacement" unit in this individual with chronic low back and hip related complaints would not be supported.