

<b>Case Number:</b>	CM13-0060010		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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:

This case involves a 33-year-old gentleman, who was injured when he was hit by a forklift at work on 1/18/13. The clinical records for review include a recent progress report dated 10/13/13, noting complaints of pain in the low back radiating to the right lower extremity. The physical examination demonstrated tenderness to the posterior superior iliac spine (PSIS) as well as the lumbosacral junction, diminished range of motion of the lumbar spine, with pain at the end points, and diminished sensation in an L5-S1 dermatomal distribution, with diminished strength on the right greater than left in a global fashion. The working diagnosis was lumbago, lumbar radiculopathy, and left knee internal derangement. The plan at that time was for multiple medications as well as topical compounding creams. Additional recommendations were for shockwave therapy, electrodiagnostic studies, and 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:

**Transcutaneous electrical nerve stimulation (TENS) unit with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

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

**Decision rationale:** The Chronic Pain Guidelines indicate that a TENS device is not recommended as a primary treatment modality, but can be utilized as a one (1) month trial if used as an adjunct to a program of evidence-based functional restoration. The records for review fail to demonstrate a program of evidence-based functional restoration for this individual with chronic low back complaints. There would also be no indication for the direct purchase of the above device with supplies without documentation of benefit with a trial period. The request in this case would not be supported as medically necessary.