

<b>Case Number:</b>	CM13-0064117		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 worker is a 31-year-old male who reported an injury on 07/18/2013. The mechanism of injury was not stated. The current diagnosis is low back pain. The only clinical note submitted for this review is a rehabilitation note with two documented visits, dated 10/21/2013 and 10/23/2013. The injured worker reported 4/10 pain. Physical examination revealed positive sciatic testing on the right and tenderness to palpation. Treatment recommendations were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE MONTH, HOME-BASED TRIAL, OF NEUROSTIMULATOR TENS-EMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**Decision rationale:** California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one month home-based trial may be considered as a non-invasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. There were no physician progress reports

submitted for this review. There was also no evidence of a failure to respond to other appropriate pain modalities. There was 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 received and the California MTUS Guidelines, the request is not medically necessary.