

<b>Case Number:</b>	CM14-0004977		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Oklahoma and 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 injured worker sustained injuries to her back, neck and upper right shoulder on 04/23/13 when she was walking to the break room and stepped on a missing tile that caused her right ankle to roll, causing her to lose her balance. To avoid the fall, the injured worker held onto a coworker's desk, which caused the injured worker to feel pain in the right upper body. The injured worker reported sharp, dull and constant pain in the lumbar region that increased with extension/flexion. Physical examination of the lumbar spine noted moderate tenderness and spasm as well as in the mid thoracic and flank regions with associated stiffness; range of motion in degrees, flexion 50, extension 20, left lateral tilt 20; muscle test with flexion and extension was 4/5; straight leg raise positive . The patient was diagnosed with lumbar sprain/strain with radiculopathy to the right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT - PURCHASE:** 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 Tens, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

**Decision rationale:** The request was denied on the basis that form fitting TENS unit is only considered medically necessary when there's documentation that there's such a large area that requires stimulation, a conventional system cannot accommodate the treatment and/or that the injured worker has medical conditions that prevent the use of a traditional system, or the TENS unit is to be used under a cast. The CAMTUS states that while TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Therefore, given the clinical documentation for review, medical necessity of the request for TENS unit purchase is not medically necessary and appropriate.

**ELECTRODES (FOUR PER PACK): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**BATTERIES #10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**SET UP AND DELIVERY OF TENS UNIT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.