

<b>Case Number:</b>	CM14-0008255		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 55-year-old female who has submitted a claim for low back pain and chronic pain associated with an industrial injury date of 03/27/2013. The medical records from 06/21/2013 to 02/13/2014 were reviewed and showed that patient complained of persistent, sharp low back pain graded 4-9/10 which radiated to the left lower extremity. The pain is aggravated with prolonged sitting and driving and alleviated by lying prone. The physical examination revealed a slightly antalgic gait and mild tenderness over the left lower lumbar paraspinal muscles. The patient has full range of motion with lumbar flexion, extension, and lateral flexion was positive. The straight leg raise test was negative on the right lower extremity and mildly positive on the left lower extremity. Manual muscle testing was 5/5 for the right lower extremity and 4/5 for the left lower extremity. The deep tendon reflexes were intact. A tingling sensation was noted in the left S1 dermatomal distribution on light touch. An x-ray of the lumbar spine dated 06/24/2013 revealed minimal degenerative changes. The treatment to date has included trigger point injections, physical therapy, acupuncture, medications, Tramadol and a Perineural injection. A utilization review, dated 12/26/2013, denied the request for purchase of a home transcutaneous electrical nerve stimulation (TENS) unit for the lumbar spine because there was no reported functional improvement with electrical stimulation under the supervision of a licensed physical therapist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF A HOME TENS UNIT FOR THE LUMBAR SPINE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

**Decision rationale:** According to California MTUS Guidelines, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, there was no documentation of the outcomes of TENS treatment. There was no discussion or documentation of active participation in an independent home exercise program to support the continued use of TENS. Duration of requested treatment is likewise not specified. Therefore, the request for continued TENS unit for the lumbar spine is not medically necessary.