

<b>Case Number:</b>	CM14-0011127		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Texas. 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 43 year old male who reported an injury on 01/24/2012. The mechanism of injury involved a slip and fall. Current diagnoses include joint pain in the lower extremity, sacrum disorders and sciatica. The injured worker was evaluated on 11/13/2013. The injured worker reported persistent low back pain with left lower extremity pain. The injured worker was status post a lumbar epidural steroid injection on 09/10/2013 with 40% pain reduction. The previous conservative treatment also includes TENS therapy. A physical examination revealed 10 degree lumbar extension, 50 degree lumbar flexion, 10 degree right and left lateral bending, negative straight leg raising, spasm and guarding. Treatment recommendations at that time included bilateral lumbar facet joint injections as well as a 30 day TENS trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT SUPPLIES/PADS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 114-117.

**Decision rationale:** The MTUS Chronic Pain Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. As per the documentation submitted, the injured worker has previously utilized a TENS unit. However, there was no documentation of how often the unit was used as well as outcomes in terms of pain relief and function. There was also no mention 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. There is also no total duration of treatment listed in the current request. As such, the request is not medically necessary and appropriate.