

<b>Case Number:</b>	CM14-0012251		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Occupational Medicine 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 is a 61-year-old male patient with a 2/19/13 date of injury. 2/5/14 progress report indicates persistent low back pain radiating down the leg. Physical exam demonstrates continued tenderness over the dorsal lateral aspect of the left rear foot, moderate tenderness along the peroneal tendons. The patient is diabetic. 10/23/14 physical exam demonstrates decreased sensation over the right anterolateral leg, lumbar tenderness, limited lumbar range of motion, positive straight leg raise test on the right side. There is right EHL weakness. Treatment to date has included medication, physical therapy, trigger point injections, activity modifications. There is documentation of a previous 12/30/13 adverse determination; the previous review was not made available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(3) MONTHS RENTAL OF TENS UNIT AND TENS UNIT SUPPLIES X 3 MONTHS:**  
Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication. However, there is little information regarding this patient's treatment history over the last months including the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no specific duration or request for a trial. There is insufficient documentation to establish medical necessity for the requested home TENS unit. Therefore, the request for three months rental of TENS unit and TENS unit supplies x 3 months was not medically necessary.