

<b>Case Number:</b>	CM14-0018903		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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, has a subspecialty in Fellowship Trained Spine 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 47-year-old male whose reported date of injury is 01/18/2013. The injured worker reports that a person tossed a box which struck him on the back in October or November 2012. The impact caused the injured to lose balance and fall. On 01/18/13, boxes fell and struck the injured worker in the hamstrings, his bilateral calves and lower back. The box knocked him down. A note dated 07/25/13 indicates that the cervical spine pain is better and rated as 6/10. The lumbosacral pain is rated as 9/10. Acupuncture is noted to help temporarily. The Transcutaneous Electrical Nerve Stimulation (TENS) unit reportedly helps. The diagnoses are cervical and lumbar sprain/strain, rule out radiculopathy. A pain management evaluation dated 10/22/13 indicates that the injured worker was recommended for lumbar epidural steroid injection. An initial evaluation dated 12/11/13 indicates that the plan is for chiropractic treatment, physiotherapy and kinetic activities. A note dated 02/06/14 indicates that the injured worker complains of constant moderate to severe neck pain and low back pain. The injured returned to work a couple of weeks ago. Therapy is reportedly helping. On physical examination cervical range of motion is decreased and painful. There is muscle spasm of the cervical paravertebral muscles. Lumbar range of motion is decreased and painful. There is +3 tenderness to palpation of the lumbar paravertebral muscles. The Kemp's test causes the injured worker pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXTENDED RENTAL OF NEUROSTIMULATOR TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION/ELECTRICAL MUSCLE STIMULATION (TENS/EMS) UNIT FOR TEN (10) MONTHS: Upheld**

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

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

**Decision rationale:** Based on the clinical information provided, the request is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review. There are no specific, time-limited treatment goals provided as required by the Chronic Pain Guidelines. The guidelines indicate that the Transcutaneous Electrical Nerve Stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The patient's objective, functional response to the TENS unit is not documented to establish efficacy of treatment and support additional rental of the unit.