

<b>Case Number:</b>	CM14-0112780		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/10/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2014

### 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 36-year-old male who reported injury on 11/10/2013. The diagnosis was lumbago. The mechanism of injury was the injured worker fell off of a ladder that was 2 stories high. The injured worker underwent an MRI of the right shoulder, cervical spine, the left knee, the brain, x-rays of the cervical spine, right shoulder, right clavicle, chest, and right sided ribs, as well as an x-ray of the fourth finger. The surgical history included a partial lateral meniscectomy of the left knee. Prior therapies included acupuncture, a TENS unit, and physical therapy. The injured worker's medications were noted to include tramadol and topiramate. The diagnoses were noted to include lumbar sprain/strain, cervical sprain/strain, contusion shoulder, and contusion chest. There was no Request for Authorization submitted to support the request or a physician note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 pairs of TENS patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines TENS Unit.

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

**Decision rationale:** The California MTUS Guidelines indicate the use of a TENS is recommended as an adjunct program to an evidence-based functional restoration program. There was documentation indicating the injured worker had utilized a TENS unit. However, there was documentation indicating the injured worker underwent an L5-S1 lumbar discectomy on 05/30/2013 and continued to use the TENS unit as an adjunct to other therapies. However, there was a lack of documentation of objective functional improvement to support the necessity for ongoing treatment with a TENS unit. It is recommended postoperatively for up to 30 days. Given the above, the request for 8 pairs of TENS patches is not medically necessary.