

<b>Case Number:</b>	CM14-0114026		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 31 year old male who sustained an injury on 02/11/13. He was being treated for low back pain and radiculopathy. He also had underlying seizure disorder. His prior evaluation included an MRI of lumbar spine in 04/17/13 that was normal and electrodiagnostic studies done in 12/18/13 that revealed chronic left S1 radiculopathy. His prior treatment included facet blocks, epidural injections, physical therapy, acupuncture, behavioral therapy and home exercise program. The progress notes from 07/01/14 was reviewed. Subjective symptoms included low back pain that was radiating. He had worsening of left leg pain and spreading of symptoms to the right leg. He used TENS unit and found it very helpful. His medications included Butrans, Lamictal and Keppra. The diagnoses included low back pain and lumbar radiculopathy. The plan of care included repeat trial of 10 mcg/hr Butrans, Surgical consultation and TENS unit trial for 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit, 2 month rental:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-116.

**Decision rationale:** According to the Chronic Pain Medical Treatment guidelines, the criteria for purchase of a TENS unit includes evidence of a successful one month trial as an adjuvant to ongoing treatments within the functional restoration approach, in those employees with chronic intractable pain of greater than three months duration in whom other appropriate pain modalities have been tried and/or failed. The medical records reviewed indicate that the patient had a trial of the TENS unit that was helpful with improvement of pain. He had failed multiple conservative measures. Guideline criteria have been met, and the request is therefore medically necessary.