

<b>Case Number:</b>	CM14-0114972		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 was reportedly injured on April 23, 2003. The mechanism of injury is stated to be lifting a platform. The most recent progress note dated June 11, 2014, indicates that there are ongoing complaints of thoracic and lumbar spine pain. Current medications include Norco, Restoril and Flexeril. The physical examination demonstrated decreased thoracic spine and lumbar spine motion. There was tenderness over the lumbar paraspinal muscles and a positive Kemo's sign bilaterally. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed a moderately large left paracentral disc extrusion at L5-S1 which impinges on the traversing right-sided S1 nerve root. Previous treatment includes oral medications in physical therapy a request was for a 30 day trial of a transcutaneous electrical nerve stimulation unit and was not certified in the pre-authorization process on July 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation) unit rental-30 day trail:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of a transcutaneous electrical nerve stimulation unit includes evidence of neuropathic pain and that appropriate pain modalities including medications have been tried and failed. According to the progress note dated June 11, 2014, there was a normal neurological examination. Furthermore there is no documentation that the injured employee's current medication regimen has been effective. For these reasons this request for a 30 day trial of a transcutaneous electrical nerve stimulation unit is not medically necessary.