

<b>Case Number:</b>	CM14-0121839		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/19/2010
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/19/10 when she tripped on a rubber mat and fell on concrete, injuring her left side. She was seen on 06/24/14. She was having ongoing low back pain rated at 7/10. Physical examination findings included decreased lumbar spine range of motion with paraspinal muscle spasms and positive left straight leg raising. She was referred for chiropractic treatment and authorization for TENS was requested, intended to decrease lumbar paraspinal muscle spasms and increase range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit purchase and supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic radiating low back pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit

including how often the unit was used, as well as outcomes in terms of pain relief. Since there is no documented trial of TENS, purchasing a TENS unit is not medically necessary.