

<b>Case Number:</b>	CM14-0124026		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 California. 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 is a 57-year-old male who sustained a vocational injury working as a maintenance worker on 03/19/12 when he had a slip and fall injury. The claimant was noted to have previously undergone a right lumbar hemilaminectomy at L4 and discectomy at L4-5 on 10/29/12. The claimant's current working diagnosis includes lumbar disc herniation and failed back syndrome. Conservative treatment to date includes Lyrica, ibuprofen, a right L5 selective nerve block on 10/29/13 and formal physical therapy at which time it was noted that the claimant had relief with a TENS unit. The most recent pertinent musculoskeletal note available for review is from a panel qualified medical evaluation from 03/24/14. At that time, the claimant had severe low back and right leg radicular pain. He was noted to have significant functional impact as far as activities of daily living in his life since his injury. The examination of the lumbar spine he has tenderness throughout all the lumbar spinous process but markedly so at the L4 and L5 levels. He had increased tendon tenderness through diffuse lumbo paraspinal muscles more distally. He had marked tenderness in the right SI joint. There was no tenderness of the gluts, greater trochanters or piriformis muscles. He had markedly positive straight leg raise on the right at 20 degrees and left leg straight leg raise to 75 degrees. He had an antalgic rightward gait. Reflexes were diminished at 1+ on the right medial hamstrings and Achilles. He had 5-/5 strength with knee flexion and plantar flexion but all other strength testing of the bilateral lower extremities was noted to be within normal limits. The current request is for a TENS unit 30 day rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit, 30 day Rental:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The documentation suggests the claimant had relief with the use of a TENS unit and previous courses of formal physical therapy. The California MTUS Guidelines note that the treatment plan should include specific short and long term goals of treatment with a TENS unit and currently these are not provided in the documentation with the request presented for review. Furthermore, based on documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for the 30 day rental of the TENS unit could not be considered medically necessary.