

<b>Case Number:</b>	CM14-0136438		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 records presented for review indicate that this 60 year old female was reportedly injured on 9/10/2012. The most recent progress note, dated 7/16/2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine: restricted range of motion with pain positive tenderness to palpation of the paravertebral muscles with hypertonicity, spasm, tenderness, and tight muscle bands on the left hand side, positive trigger point is noted, reflexes are equal and symmetric, straight leg raises positive on the left, Faber test is positive on the left. No recent diagnostic studies were available for review. Previous treatment includes medications, physical therapy, chiropractic care, and conservative treatment. A request was made for transcutaneous electrical nerve stimulation (TENS) unit and was not certified in the preauthorization process on 8/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Purchase for prn use, low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) treatment guidelines recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicates that a one month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, physical therapy and a TENS unit is helping significantly; however, there is no documentation of a full one month trial. The MTUS requires that an appropriate one month trial should include documentation of how often the unit was used, the outcomes in terms of pain relief/reduction, and improvement in function. Review of the available medical records fails to document a required one month TENS trial. As such, this request is not considered medically necessary.