

<b>Case Number:</b>	CM14-0164296		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	04/05/2014
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of April 5, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; antispasmodics; unspecified amounts of physical therapy; and at least one epidural steroid injection. In a September 24, 2014 progress note the, claims administrator failed to approve a TENS unit purchase. The claims administrator stated that it was basing its denial on a September 17, 2014 Request for Authorization (RFA) form. The applicant's subsequently appealed. Lumbar MRI imaging of May 15, 2014 was notable for an L5-S1 disk protrusion generating associated impingement upon the left S1 nerve root with associated lateral recess narrowing. On September 19, 2014, the applicant received an epidural steroid injection. In a September 5, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the left leg. The attending provider suggested that the applicant might in fact be a candidate for spine surgery. Work restrictions were endorsed. A TENS unit (purchase) was likewise endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a request to purchase a TENS unit should be predicated on evidence of a favorable outcome during a one-month trial of the same, in terms of both pain relief and function. Here, however, it appears that the attending provider sought authorization to purchase the device at issue without previously pursuing a one-month trial of the same. The request thus is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.