

<b>Case Number:</b>	CM14-0170106		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 patient is a 61 year-old male with date of injury on 04/24/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/03/2014, lists subjective complaints as low back pain with radicular symptoms to the left leg. Objective findings on examination of the lumbar spine revealed tenderness to palpation of the bilateral paraspinal muscles. No sciatic notch tenderness. Range of motion was restricted in all planes secondary to pain. Lumbar facet loading maneuver was positive on the left. Straight leg raising test was positive on the left in both seated and supine positions. Motor exam was 4+/5 for the bilateral lower extremities. Sensation was intact and reflexes were symmetrical for the bilateral lower extremities. Diagnosis: 1. Displacement of lumbar intervertebral disc without myelopathy 2. Lumbago.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENs Unit, Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. Purchase of a TENS unit is not medically necessary.