

<b>Case Number:</b>	CM14-0175896		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	04/21/1987
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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:

This is a 68 year-old female with a 4/27/87 date of injury. The patient was seen on 9/22/14 with complaints of low back pain with radiation to the right foot, for which the TENS unit was helpful including educing pain and spasm. Exam findings revealed decreased range of motion in the lumbar spine, with right lower lumbosacral spine pain and spasm. Prior physical therapy notes form June 2014 noted tenderness over the PSIS, L5 spinous processes and right paravertebral region. Braggard's and Faber's tests were positive on the right, straight leg raise was positive bilaterally. An MRI on 9/21/12 revealed mild and moderate foraminal stenosis on the right and mild left foraminal stenosis, in addition to a prior surgery at L4/5 on the right and a central disc protrusion effacing the thecal sac at L5/S1. The diagnosis is Lumbago, sciatica, radiculitis. Treatment to date: TENS unit, medications, surgery to L4/5. An adverse determination was received on 10/7/14 given there was no documentation of a one month trial of a TENS unit or conservative management such as PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 purchase of transcutaneous electrical nerve stimulation unit with supplies:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2. Tens Unit Page(s): 114-116.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. This patient has been on medications as well and had surgery and physical therapy for her medical conditions without significant improvement. The most recent progress note documented pain relief with her TENS trial and the fact that the patient is on current medication management, the request for 1 purchase of transcutaneous electrical nerve stimulation unit with supplies is medically necessary.