

<b>Case Number:</b>	CM14-0022366		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas. 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 Physician 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 injured worker is a 25 year old male whose date of injury is 07/30/2012. The mechanism of injury is described as a motor vehicle accident. Permanent and stationary report dated 04/30/14 indicates that treatment to date includes physical therapy, chiropractic, massage and an epidural steroid injection that did not provide relief. The injured worker complains of intermittent low back pain. Medications are hydrocodone and Flexeril. On physical examination there is tenderness to palpation at the lumbosacral junction. Lumbar range of motion is limited. Straight leg raising is negative. Strength is 5/5, and reflexes are 1/4. Diagnoses are displaced intervertebral lumbar disc, lumbar spinal stenosis, unspecified lumbar/thoracic neuritis/radiculitis, and lumbosacral degenerative disc disease. He was determined to have reached maximum medical improvement as of 04/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SELECT CARE DIGITAL TENS UNIT RENT FOR INDEFINITE USE, ELECTRODE 1.75" X 1.75" L/S.:** Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for select care digital TENS unit rent for indefinite use, electrode 1.75 x 1.75 L/S is not recommended as medically necessary. The injured worker reportedly utilized a TENS during physical therapy; however, there are no objective, measures of improvement provided to establish efficacy of treatment as required by California MTUS guidelines. There are no specific, time-limited treatment goals provided in accordance with California MTUS guidelines.