

<b>Case Number:</b>	CM14-0024607		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/01/2008
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 injured employee is a 50-year-old female who sustained a work-related injury on January 1, 2008. The mechanism of injury was reported to be continuous trauma to the back, neck, head, arms, tailbone, and bottoms of the feet. The most recent medical record available for review was dated January 21, 2014, and there were complaints of neck pain radiating to both hand, as well as upper and lower back pain. The physical examination on this date noted tenderness of the cervical, thoracic, and lumbar spine and paravertebral muscle spasms. The diagnoses on this date included cervical musculoligamentous injury, cervical radiculopathy, lumbar musculoligamentous injury, and lumbar radiculopathy. The treatment plan included follow ups for pain medication refills and urine drug screening as well as the use of a TENS unit for control of pain for the lumbar spine. A previous utilization management review, dated February 5, 2014, did not certify the use of a TENS unit for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT TO CONTROL THE PAIN FOR THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the use of a TENS unit is not recommended 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. The attach medical record does not contain any information regarding what other functional restoration treatment the injured employee is currently participating in. Additionally, ongoing treatment with a TENS unit should be based on a successful one-month trial of the unit. As this information has not been supplied in the attach medical record, this request for the use of a TENS unit is not medically necessary.