

<b>Case Number:</b>	CM14-0026573		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 injured worker is a 36-year-old gentleman was reportedly injured on October 2, 2013. The mechanism of injury was noted as lifting a brace or a bracket that weighed 120 pounds and it hurt his lower back. The most recent progress note dated April 21, 2014 indicated that there were ongoing complaints of low back pain radiating to the left knee. Previous treatment included oral medications, use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit and acupuncture. The physical examination demonstrated decreased range of motion of the lumbar spine. There was a positive straight leg raise at 75 bilaterally. Tenderness was noted at the L5 spinous process, and there was decreased sensation at the left L5 and S1 dermatomes. A request had been made for retrospective use of a TENS unit for purchase and was not certified in the pre-authorization process on February 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR TENS UNIT FOR PURCHASE (DOS 12/13/2013):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Tens, (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

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

**Decision rationale:** According to the medical records provided the injured employee has not previously participated in a one-month trial usage of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. While the note dated April 21, 2014, stated the injured employee has had relief with both acupuncture and the use of a TENS unit, it does not state that this has helped him reduce reliance on oral pain medications or the previous usage of oral pain medications has failed. For these reasons, this request for a TENS unit for purchase is not medically necessary.