

<b>Case Number:</b>	CM14-0027749		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/14/2007
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 39 year old female whose date of injury is 06/14/07. The mechanism of injury is not described. MRI of the lumbar spine dated 07/06/13 revealed a diffuse disc bulge at the L5-S1 level narrowing the neural foramina bilaterally. There is degenerative disc disease at the L5-S1 disc level. Note dated 03/05/14 indicates the injured worker complains of lumbosacral pain. There are tender paraspinals with guarding. Straight leg raising is positive on the left. Diagnosis is lumbosacral sprain/strain with left lower extremity radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE TENS UNIT:** Upheld

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

**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 one TENS unit is not recommended as medically necessary. There is no indication that the injured worker has undergone a successful trial of TENS to establish efficacy of treatment as required by CA MTUS

guidelines. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.