

<b>Case Number:</b>	CM14-0035296		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 31 year old male who reported an injury on 05/23/2013; the mechanism of injury was not provided. Diagnoses included lumbosacral strain/sprain, lumbar myospasm, rule out lumbar disc herniation, and right radiculitis. Past treatments included physical therapy, hot/cold therapy, back brace, and medication. Past diagnostics included a lumbar spine x-ray which was performed on 08/13/2013, which indicated spondylolisthesis at L5-S1 with mild instability and anterolisthesis, unofficial. Surgical history was not provided. The clinical note dated 08/14/2013 indicated the injured worker complained of low back pain radiating down the leg. Physical exam revealed positive bilateral straight leg raise, muscle spasm at L4-5, and paravertebral lumbar tenderness with muscle spasm. Medications included Banalg, Ibuprofen 600 mg, and Soma 350 mg. The treatment plan included a recommendation for the purchase of a TENS unit. The rationale for treatment and the request for authorization form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of TENS unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain ( Transcutaneous Electrical Nerve Stimulation).

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

**Decision rationale:** The request for purchase of a TENS unit for home use is not medically necessary. The injured worker complained of pain in the low back radiating down the leg. The California MTUS Guidelines indicate that TENS 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 injured worker did complete a course of physical therapy for his low back pain. There is a lack of documentation indicating the injured worker has completed a one month home based TENS trial with documentation indicating how oftent the unit was used and the efficacy of the unit. Therefore the request for purchase of a TENS unit for home is not medically necessary.