

<b>Case Number:</b>	CM14-0040540		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/29/2006
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Orthopaedic 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 55-year-male who was reportedly injured on 11/29/2006. The mechanism of injury was noted as a work related injury when he was moving metal rails from the concrete floor. The most recent progress note, indicated that there were ongoing complaints of low back pain, with left lower extremity pain. The physical examination demonstrated that lumbar spine alignment of the back was satisfactory, muscle strength was 5/5 for all groups of the lower extremity, and no noted tenderness to palpation. Tension signs were negative, no pathological reflexes are noted, and motion of the back was unchanged significantly. Diagnostic imaging studies included an MRI of the lumbar spine which demonstrated stenosis at L3-L4 and foraminal stenosis at L4-L5 and L5-S-1 on the left. Previous treatment included epidural steroid injections, medications to include Aleve, Motrin, tramadol, Norco and Robaxin. A request had been made for the purchase of transcutaneous electrical nerve stimulation (TENS) unit and was not certified in the pre-authorization process on 3/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** The documentation of chronic pain must be present for at least 3 months. There was evidence that other appropriate pain modalities have been tried (including medications) and have failed. A one month trial period of the transcutaneous electrical nerve stimulation unit should be documented in conjunction with ongoing medical treatments within a functional restoration program, clinical documentation of how often the unit was used, the outcomes in terms of pain relief and improvement of function. Other ongoing pain treatment should be documented during the trial, including medication. Although this patient does have chronic low back pain with noted left lower extremity radiculopathy, he has not had a 1 month trial period. This requested treatment is not deemed medically necessary or appropriate at this time.