

<b>Case Number:</b>	CM14-0044118		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/01/2008
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 50 year-old female who was reportedly injured on March 1, 2008. The mechanism of injury is noted as being struck in the rear. The most recent progress note dated March 6, 2014, indicates that there are ongoing complaints of low back/sacral area pain. The physical examination demonstrated a cooperative individual in no acute distress. A full range of motion of the cervical and thoracic spine is noted. The lumbar spine also has a normal range of motion. There is no tenderness to palpation and a sacroiliac joints are non-tender. The gait is reported to be normal, deep tendon reflexes are 2/4, and there is no lower extremity clonus reported. Diagnostic imaging studies were not reviewed. Previous treatment includes lumbar laminectomy, steroid injections, multiple medications and conservative interventions. A request had been made for transcutaneous electrical nerve stimulation (TENS) and was not certified in the pre-authorization process on April 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly TENS unit supplies: electrodes 8 pairs per month:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule, there is a specific recommendation as using this is a primary treatment modality. Furthermore, progress notes indicate that a spinal cord stimulator an additional epidural steroid injections are to be employed. Lastly, there is objectification that the this device has demonstrated any efficacy. The pain levels continued to be 5-10/10 and no specific results relative to the transcutaneous electrical nerve stimulation (TENS) are noted. Therefore the medical necessity of a lifetime supply of supplies has not been established.

**Monthly TENS unit supplies: batteries 6 units per month:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

**Decision rationale:** As noted in the California Medical Treatment, there is a specific recommendation as using this is a primary treatment modality. Furthermore, progress notes indicate that a spinal cord stimulator an additional epidural steroid injections are to be employed. Lastly, there is objectification that the this device has demonstrated any efficacy. The pain levels continued to be 5-10/10 and no specific results relative to the transcutaneous electrical nerve stimulation are noted. Therefore the medical necessity of a lifetime supply of supplies has not been established.