

<b>Case Number:</b>	CM14-0053131		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Occupational 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 records, presented for review, indicate that this 32-year-old male was reportedly injured on May 7, 2013. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated January 18, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. No physical examination was performed. Diagnostic imaging studies of the lumbar spine showed some evidence of facet arthropathy without any disc herniations. An electromyography study of the lower extremity noted a left sided L5 radiculopathy. Previous treatment included chiropractic care, physical therapy, and acupuncture. A request had been made for a two lead transcutaneous electrical nerve stimulation (TENS) unit and was not certified in the pre-authorization process on April 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS TWO LEAD:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 11-113.

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

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, the criteria for the use of a transcutaneous electrical nerve stimulation (TENS) unit includes evidence that other appropriate pain modalities have been tried and failed including medications. The progress note ,dated January 18, 2014, stated that the injured employee's medications were helping him. Additionally, a neuropathic pain syndrome must be present. Although, there was an EMG finding of an L5 radiculopathy, there was no corroboration of these findings with the lumbar spine MRI or physical examination. For these reasons, this request for the use of a two lead TENS unit is not medically necessary.