

<b>Case Number:</b>	CM14-0059387		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Texas and Ohio. 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 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 53-year-old male who reported an injury on 08/21/2013. The injured worker reportedly sustained a lower back sprain while pulling metal out of a box. Current diagnoses include lumbar disc herniation, status post laminectomy and discectomy, Cauda Equina, DBT in the lower extremity, bilateral lower extremity weakness, congenital stenosis, and cervical sprain with radiation into the left upper extremity. The latest physician progress report submitted for this review is documented on 02/03/2014. It is noted that the injured worker was status post ultrasound studies of the right lower extremity, which revealed normal findings. Physical examination on that date revealed persistent swelling of the bilateral lower extremities. The injured worker was currently utilizing a TLSO brace. X-rays obtained in the office on that date indicated intact hardware with a significant fusion mass. Treatment recommendations at that time included a follow-up with the vascular surgeon to indicate risk factors and intervention. There was no DWC form RFA submitted on the requesting date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit/electrodes and batteries purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. There is no documentation of a failure to respond to other appropriate pain modalities. There is also no mention of this injured worker's active participation in a rehabilitation program. There is no documentation of a successful 1 month trial prior to the request for a unit purchase. Based on the clinical information received, the request is not medically necessary.