

<b>Case Number:</b>	CM14-0062212		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Pain Medicine and is licensed to practice in Texas. 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 43 year old male whose date of injury is 01/14/2010. The mechanism of injury is not described. Note dated 11/20/13 indicates that the injured worker's back is about the same. Lidocaine patches are noted to be helpful. Note dated 01/22/14 indicates that the injured worker is still having pain and spasms. Note dated 03/21/14 indicates that the injured worker presents with a single point cane and reports that his low back pain radiates down into the bilateral legs to the feet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous Electrical Nerve Stimulation (TENS) Unit Purchase:** 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): 114-117.

**Decision rationale:** Based on the clinical information provided, the request for transcutaneous electrical nerve stimulation unit purchase is not recommended as medically necessary. The submitted records fail to establish that the injured worker has undergone a successful trial of transcutaneous electrical nerve stimulation to establish efficacy of treatment as required by

California Medical Treatment Utilization Schedule Guidelines. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided in accordance with California Medical Treatment Utilization Schedule guidelines. This request is not medically necessary.