

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0067838 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 05/27/2012 |
| <b>Decision Date:</b> | 09/19/2014   | <b>UR Denial Date:</b>       | 05/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/12/2014 |

### 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 records presented for review indicate that this 34 year old male was reportedly injured on 5/27/2012. The mechanism of injury is undisclosed. The most recent progress note, dated 4/29/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine full range of motion. Muscle strength was 5/5, and the exam intact and unremarkable bilateral lower negative straight leg raise. Reflexes were 2/4 in the bilateral lower extremities. No recent diagnostic studies are available for review. Previous treatment included facet injections, medications, and conservative treatment. A request was made for transcutaneous electrical nerve stimulation (TENS) unit and was not certified in the preauthorization process on 5/7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Purchase of Transcutaneous Electrical Nerve Stimulation Unit (TENS): 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 Page(s): 113-116.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicates that a one month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality, and there is no documentation of a previous one month trial. Furthermore, the MTUS notes that an appropriate trial should include documentation of how often the unit was used, the outcomes in terms of pain relief and reduction, and there is no noted efficacy provided in the progress notes presented for review. As such, the request for purchase of a TENS unit is considered not medically necessary.