

<b>Case Number:</b>	CM14-0089835		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/04/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 58 year old male whose date of injury is 04/04/2008. The mechanism of injury is not described. Treatment to date includes chiropractic, trigger point injections and physical therapy. Note dated 08/06/14 indicates that the injured worker continues to have significant back pain. TENS unit is reported to improve his pain and function. Medications include Cymbalta, ibuprofen, metaxalone, and Tramadol. On physical examination lumbar range of motion is flexion 60 and extension 10 degrees. Straight leg raising is positive on the left. Deep tendon reflexes are 1+ in the bilateral upper and lower extremities. Diagnoses are degeneration of lumbar or lumbosacral intervertebral disc, lumbago and sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Purchase for Lumbar Spine:** 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 TENS unit purchase for lumbar spine is not recommended as medically necessary. The submitted records

indicate that the injured worker has utilized a TENS unit; however, there are no objective measures of improvement provided to establish efficacy of treatment as required by CA MTUS guidelines. There is no documentation of decreased medication usage or increased functional measures with the use of TENS. There are no specific, time-limited treatment goals provided in accordance with CA MTUS guidelines. Therefore, medical necessity of TENS unit purchase is not established.