

<b>Case Number:</b>	CM14-0094481		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Family 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 39 year old female whose date of injury is 05/05/2014. The mechanism of injury is described as pushing and pulling a boiler room door repeatedly. Follow up note dated 06/09/14 indicates that the injured worker complains of low back pain rated as 5-6/10. There is decreased range of motion with forward flexion just above the ankles, extension. Diagnoses are low back pain, lumbosacral sprain/strain, and sacroiliac ligament sprain/strain. The injured worker was provided a transcutaneous electrical nerve stimulation unit for trial. Electrical stimulation trial dated 06/09/14 indicates that pre-treatment pain level is 6/10. Note dated 07/29/14 indicates that low back pain is rated as 4/10. The injured worker is attending chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens Unit 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 Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** Based on the clinical information provided, the request for transcutaneous electrical nerve stimulation (TENS) unit purchase is not recommended as medically necessary. The submitted records fail to establish that the injured worker has undergone a successful trial of TENS as required by California Medical Treatment Utilization Schedule (CA MTUS) guidelines to establish efficacy of treatment. There are no specific, time-limited treatment goals provided as required by CA MTUS guidelines. Given the current clinical data, the requested TENS unit purchase is not indicated as medically necessary.