

<b>Case Number:</b>	CM14-0137880		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 35-year-old female with an injury date on 01/09/2013. Based on the 05/22/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar Spine Sprain/Strain 2. Lumbar Radiculopathy 3. Adjustment Disorder 4. Insomnia 5. Idiopathic Peripheral Autonomic Neuropathy 6. Unspecified Disorder of Autonomic Nervous System According to this report, the patient complains of dull, achy and sharp frequent low back pain, which is located on the right. The pain radiates to the right mid back and right lower extremity. Current pain level at 6/10, pain at best is a 4/10, and at worst is a 6-9/10. The patient reports the pain is aggravated by stress, weather changes, exercise, prolonged standing, walking, bending, stooping, twisting, squatting, overhead work, lifting or carrying 10+ pounds, pushing/pulling and prolonged sitting. Examination findings show a decrease in lumbar spine range of motion. Straight leg raise is positive on the right side. Diminished sensation to light touch is noted in the right L5 and S1 nerve root distribution. The patient's work status is currently not working and has not worked since January 2013. The treatment plan is recommending for acupuncture, chiropractic manipulation, physical therapy, TENS, Cardio-Respiratory Testing, MRI, medications, lab test will be ordered and follow up with the patient in 4-6 weeks. Based on 06/19/2014 report indicates the patient has constant low back pain radiating to the right lower extremity with numbness and tingling, 6/10. Examination findings show Femoral Stretch positive on right. Tender lumbar spine with spasms. Right lower extremity sensation decrease at L5-S1. There is no other significant finding in this report. The utilization review denied the request for TENS Unit 30-day Trail with supplies rental on 07/31/2014 based

on the MTUS guidelines. The requesting physician provided treatment reports from 09/12/2013 to 06/19/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS unit for 30 day trial rental (with supplies) for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

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

**Decision rationale:** According to the 05/22/2014 report, this patient presents with low back pain to the right extremity. Per this report, the current request is for TENS Unit 30-day Trail with supplies rental for lumbar spine E0730. Regarding TENS units, the MTUS guidelines state not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option and may be appropriate for neuropathic pain. The guidelines further state a rental would be preferred over purchase during this trial. Review of the medical records from 09/12/2013 to 06/19/2014 shows that the patient has neuropathic pain and there is no indication that the patient has trialed a one-month rental. In this case, the requested one month trial of the TENS unit is supported by the MTUS. Therefore, the request IS medically necessary.