

<b>Case Number:</b>	CM14-0206175		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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: Preventive Medicine, Occupational Medicine

### 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 77 year old male injured worker suffered an industrial injury on 9/10/2014 while in the capacity as a crossing guard, fell backward landing on his buttocks resulting in acute low back pain. The injured worker went to the emergency room the same day where they discovered via x-ray, there was a lumbar compression fracture. The injured worker was given medication and discharged to follow up with his provider. On 10.17.2014 the injured worker had a magnetic resonance imaging study revealing the lumbar compression fracture along with severe canal stenosis. The progress note of 11/10/2014 described the injured workers complaints to be throbbing and aching lower back pain. The provider recommended acupuncture, Tens unit, physical therapy and a lumbar support corset along with continuation of medications. The UR decision on 11/26/2014 denied the use of TENS unit as it was not recommended as a first line treatment. It requires one month trial and used as an adjunct to a program of functional restoration. The documentation provided did not support the requirements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. Purchase of a TENS unit is not medically necessary.