

<b>Case Number:</b>	CM14-0208676		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 42 yo male who sustained an industrial injury on 08/15/2011. The mechanism of injury occurred when he was lifting a heavy object on a dolly. His diagnoses include chronic low back pain - status post posterolateral lumbar fusion, depression, anxiety, and sleep disturbance. He continues to complain of low back pain with radiation to the bilateral lower extremities. On physical exam he ambulates with a single point cane and he has painful lumbar range of motion. There is 4/5 iliopsoas strength and decreased sensation in the left L4 and L5 dermatomes. Treatment in addition to surgery has consisted of medical therapy, physical therapy, aquatic therapy, and epidural steroid injection therapy. The treating provider has requested a TENS Unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase TENS Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 63

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

**Decision rationale:** Per California MTUS Guidelines, it is not recommended as an isolated therapeutic intervention and is only recommended on a one-month trial if it is part of a comprehensive rehabilitation program. There is no documentation indicating that the claimant is part of such a rehabilitation program. There is no report of functional benefit from electrical stimulation under the supervision of a licensed physical therapist. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.