

<b>Case Number:</b>	CM14-0027280		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/11/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a male patient with an injury date of 08/11/2013. The mechanism of injury is described as a slip; fall with resulting injuries to head, lumbar spine and right ankle/foot while working as a loader. A primary treating physician note dated 12/02/2013 examination found lumbar spine able to heal toe walk with obvious pain. He is also found with tenderness at the lumbar paraspinal muscles, with spasms. Range of motion of the lumbar spine is found to be; flexion to mid tibias with pain, extension is zero degrees, left lateral flexion is 10 degrees, right lateral flexion is 10 degrees and both rotation are at 10 degrees. The following test noted with positive findings; straight leg raise left and right, tripod sign left and right, flip test left and right and Lasegue's differential left and right. He was diagnosed with blunt head trauma with headaches, lumbar spine sprain/strain, lumbar radiculopathy, right ankle/foot strain/sprain and pain. The following medications were prescribed; Deprizine, dicopanol, Fanatrx, Synapryn, Tabradol, Cyclophene, and Ketoprophen cream. Pending diagnostic radiography of lumbar spine, a cane, and chiropractic treatment 3 times weekly for 6 weeks and re-evaluation in 6 weeks. The 6 week follow up noted diagnoses of lumbar spine displacement, grade I anterolisthesis of L3 over L4, L4 over L5. A request for services dated 02/10/2014 asking for a TENS unit with supplies for home use. The Utilization Review denied the request on 02/17/2014 as not meeting medical necessity requirements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit with supplies for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** TENS unit with supplies for home use is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation does not indicate documentation of the one month trial with how often the unit was used and outcomes in terms of pain and function. TENS unit with supplies for home is not medically necessary.