

<b>Case Number:</b>	CM15-0102100		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 49-year-old male, who sustained an industrial injury on 09/02/2013. He has reported subsequent low back pain and was diagnosed with lumbar strain/sprain, lumbar disc pathology, lumbar radiculopathy and lumbar spondylosis. Treatment to date has included oral pain medication, chiropractic therapy and surgery. In a progress note dated 04/29/2015, the injured worker complained of low back pain and right leg pain and weakness. Objective findings were notable for tenderness to palpation of the lumbar spine. A request for authorization of TENS unit (1 month rental for pain management) was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit 1 month rental for pain management:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did have pain and paresthesias with an injury that resulted in spinal cord related pathology . The claimant did fail conservative measures. The request for a TENS unit for 1 month trial is appropriate and medically necessary.