

<b>Case Number:</b>	CM15-0131987		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	12/19/2005
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: California  
Certification(s)/Specialty: Emergency 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 52-year-old woman sustained an industrial injury on 12/19/2005. The mechanism of injury is not detailed. Evaluations include undated lumbar spine x-rays and lumbar spine MRI dated 6/24/2013. Diagnoses include low back pain and lumbar radiculopathy. Treatment has included oral medications, physical therapy, bracing, and surgical intervention. Physician notes dated 6/8/2015 show complaints of low back pain rated 8/10 with radiation to the left lower extremity. Recommendations include lumbar spine x-rays, physical therapy, and TENS unit for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit (purchase) low back (multiple upper extremities): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114-116 Page(s): 114-116.

**Decision rationale:** The requested TENS unit (purchase) low back (multiple upper extremities), is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic,

(transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended 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." The injured worker has low back pain rated 8/10 with radiation to the left lower extremity. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit (purchase) low back (multiple upper extremities) is not medically necessary.