

<b>Case Number:</b>	CM15-0135704		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/06/2001
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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:

The injured worker is a 56-year-old male who sustained an industrial injury on 05/06/2001. Mechanism of injury occurred while lifting bags. Diagnoses include musculoligamentous sprain, lumbosacral bulging disc, lumbosacral radiculopathy, sacroiliac dysfunction, adjustment reaction with depression and anxiety secondary to chronic pain and disability, chronic pain and disability with delayed functional recovery, insomnia, chronic fatigue, Achilles tendon sprain-strain and sprain-strain sacroiliac ligament. Treatment to date has included diagnostic studies, medications, use of a cane, and home exercises. He is not working. The most recent physician progress note dated 01/09/2015 documents the injured worker complains of continued low back pain, which has remained unchanged. He rates his pain as a 5 on a scale of 0-10 with 10 being the worst pain possible and 0 having no pain. The pain is intermittent. His pain increases to 6 frequently. He takes his medications as prescribed and they are helping. He is unable to tolerate work activities. Since his last visit, activities of daily living and mobility have worsened. His mood is poor. He uses a cane with ambulation. Treatment requested is for DME purchase of Garment TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME purchase of Garment TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 150.

**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 DME purchase of Garment TENS unit 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 continued low back pain which has remained unchanged. 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, DME purchase of Garment TENS unit is not medically necessary.