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| <b>Case Number:</b>   | CM15-0135757 |                              |            |
| <b>Date Assigned:</b> | 07/23/2015   | <b>Date of Injury:</b>       | 02/02/2013 |
| <b>Decision Date:</b> | 08/20/2015   | <b>UR Denial Date:</b>       | 06/24/2015 |
| <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: Massachusetts

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

### 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 31-year-old woman sustained an industrial injury on 2/2/2013. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 2/27/2013. Diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, sacroiliitis, facetal pain, and low back pain. Treatment has included oral medications. Physician notes on a PR-2 dated 2/26/2015 show complaints of low back pain rated 7/10. Recommendations include Norco, ibuprofen, TENS unit trial, and follow up in four to five weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One TENS unit rental (30 day trial):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

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

**Decision rationale:** The claimant sustained a work injury in February 2013 and continues to be treated for radiating back pain. Treatments have included medications and physical therapy

including aquatic therapy. When seen, pain was rated at 7/10. There was an antalgic gait. There was lumbar facet joint tenderness. There were left lower extremity dysesthesias. The claimant's weight was 272 pounds. Authorization for a one-month trial of TENS was requested. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. Therefore, a trial of TENS was medically necessary.