

<b>Case Number:</b>	CM15-0188197		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 59-year-old male, who sustained an industrial injury on 3-22-13. He reported pain in the left hip, left knee, upper back, and lower back. The injured worker was diagnosed as having lumbosacral syndrome with sciatica. Treatment to date has included physical therapy and medication. Physical examination findings on 7-30-15 included weakness in lower limbs with numbness and tingling. Tenderness to palpation in the low back area with tenderness over the right and left paraspinal musculature was noted. Greater sciatic notch and posterior thigh tenderness was noted and a straight leg raise test was positive bilaterally. Lumbar spine range of motion was decreased. On 7-30-15, the injured worker complained of lumbar spine pain with radiation to the buttocks and posterior thighs. On 7-16-15, the treating physician requested authorization for a TENS-EMS unit for the low back x1 month trial. On 8-28-15, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS/EMS unit time 1 month trial for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**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 some paraspinal pain. However, there was no mention of actual spinal cord injury or spasticity. As a result, the request for a TENS unit is not medically necessary.