

<b>Case Number:</b>	CM15-0047452		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/13/1999
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Texas, Illinois  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female who sustained an industrial injury on April 13, 1999. She has reported low back pain and has been diagnosed with chronic lumbosacral strain with degenerative changes L3, through S1, right radiculitis more than the left. Treatment has included medications and a home exercise program. Currently the injured worker had tenderness and spasm in the right paravertebral lumbar region with range of motion 25 % of normal. The treatment request included purchase of 8 pairs of electrodes with 6 AAA batteries to be used with TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Pairs electrodes per month and 6 AAA batteries per month for 12 month:** 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 Transcutaneous electrotherapy Page(s): 116.

**Decision rationale:** The injured worker sustained a work related injury on April 13, 1999. The medical records provided indicate the diagnosis of chronic lumbosacral strain with degenerative changes L3, through S1, right radiculitis more than the left. Treatment has included medications and a home exercise program. The medical records provided for review do not indicate a medical necessity for 8 Pairs electrodes per month and 6 AAA batteries per month for 12 month. The records indicate these are for the operation of a TENs unit. The MTUS criteria for the use of a TENs unit include: 1. Documented evidence of failed treatment with other modailitis, and pain lasting at least three months. 2. TENs trial is being used as an adjunct to an evidence based functional restoration program, but not as an isolated treatment. There is no documented evidence the injured worker is undergoing functional restoration program. Therefore, the request is not medically necessary.