

<b>Case Number:</b>	CM15-0080979		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: New York, West Virginia, Pennsylvania  
 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 50 year old female, who sustained an industrial injury on March 18, 2010. She was diagnosed with a lumbosacral sprain and radiculopathy. Treatments included pain medications, transcutaneous electrical stimulation, lumbar support brace, analgesic patches, muscle relaxants, ice and heat and home exercise program. Currently, the injured worker complained of continued low back pain and left leg pain. The treatment plan that was requested for authorization included transcutaneous electrical stimulation electrodes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS electrodes x 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Guidelines recommend TENS for chronic intractable pain of at least 3 months duration when conservative treatments have failed. A one month trial of TENS should

be documented in conjunction with other ongoing treatment modalities. In this case, there was no indication that TENS was to be used as an adjunct to other modalities or that medications have failed. The request for TENS electrodes x 2 is not medically necessary and appropriate.