

<b>Case Number:</b>	CM14-0126621		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/05/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 injured worker's date of injury is 06/05/2011. The patient's initial injury occurred while lifting boxes of lettuce. This patient receives treatment for chronic low back pain with radiation down both legs. The patient received physical therapy and chiropractic treatments. The patient receives medications including: Zoloft, gabapentin, Lidoderm patches, mirtazapine, and mentherm. A magnetic resonance imaging (MRI) of the lumbar spine in 2011 shows mild degenerative disc disease at L4-L5. The patient's medical diagnoses include: Lumbar discogenic syndrome, Thoracic pain/strain, chronic myofascial pain, bilateral knee pain, insomnia and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro TENS {patch x 2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Recent studies in the medical literature on TENS in the treatment of chronic low back pain (CLBP) fail to demonstrate any significant impact on disability or long-term pain

relief. When TENS is used in CLBP a trial of TENS is recommended. The documentation does not clearly state what the response to this treatment was. Any benefit in relief of pain was not quantified nor was any increase in function quantified. TENS is not medically indicated for this patient with CLBP.

**Retro Back Support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 7/3/14)- Lumbar supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Although lumbar supports may help in the management of the pain of acute low back injuries, studies fail to show any lasting benefit in the management of chronic low back pain (CLBP). A back support is not medically indicated for this patient with CLBP.