

<b>Case Number:</b>	CM14-0134441		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 57 year old with an injury date on 3/26/12. Patient complains of low lumbar pain that is aching, burning per 8/22/14 report. Patient is currently not working, and current medications include Norco, Oxycodone, Pepcid, and Soma which are effective per 8/22/14 report. Based on the 8/22/14 progress report provided by [REDACTED] the diagnoses are: 1. thoracic or lumbosacral neuritis or radiculitis, unspecified 2. degeneration of lumbar or lumbosacral intervertebral disc 3. lumbago 4. sacroilitis, not elsewhere classified 5. chronic pain 6. enthesopathy of hip region 7. spasm of muscle 8. dysesthesia 9. lumbar facet joint pain 10. hip joint painful on movement Exam on 8/22/14 showed "slow, antalgic gait with left side limp. Lumbar range of motion restricted by 75% in extension, 25% in flexion. Negative straight leg raise." [REDACTED] is requesting GSM HD combo TENS units and supplies for purchase. The utilization review determination being challenged is dated 7/23/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/11/14 to 10/25/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GSM HD combo TENS units and supplies for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-121.

**Decision rationale:** This patient presents with lower back pain. The treating physician has asked for GSM HD combo TENS units and supplies for purchase. Review of records do not show patient has completed a month-long trial of TENS unit. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient does not appear to present with any of the indicated conditions for trial of TENS. There is no clear documentation of neuropathic pain. Furthermore, the patient has not tried a month trial to determine whether or not a long-term use of TENS will likely to be beneficial. The request is not medically necessary.