

<b>Case Number:</b>	CM14-0143959		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Medicine and Rehabilitation, 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 48-year-old male with a date of injury of 03/21/2012. The listed diagnoses per [REDACTED] are: 1. Lumbar disk herniation. 2. Lumbar post laminectomy. The date of the prior surgery is not noted. According to progress report 07/07/2014 by [REDACTED], the patient presents with severe low back pain. The patient reports partial alleviation with medications. He also notes throbbing pain in his low back with left foot pain and numbness. Examination revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted with very stiff and guarded ROM. The physician is requesting a TENS unit for purchase and physical therapy 2 sessions per week for approximately 12 weeks. Utilization review denied the request on 08/07/2014. Treatment reports from 04/01/2014 through 07/07/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit, Dual Channel 4 Electrodes, 4 modes and timer - Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), Criteria for t.

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

**Decision rationale:** This patient presents with chronic low back pain. The physician is requesting active rehabilitation to address his chronic low back pain 2 sessions per week for approximately 12 weeks. For physical medicine the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 sessions over 8 weeks. The medical records do not provide physical therapy treatment history. It is unclear how many sessions the patient has received thus far. In any case, the physician's request for 24 sessions exceeds what is recommended by MTUS. The request is not medically necessary.

**Active Rehabilitation Program which consists of 2 sessions per week for approximately 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter: Work hardening, work conditioning

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines recommends for myalgia, myositis Page(s): 98-99.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting active rehabilitation to address his chronic low back pain 2 sessions per week for approximately 12 weeks. For physical medicine the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 sessions over 8 weeks. The medical records do not provide physical therapy treatment history. It is unclear how many sessions the patient has received thus far. In any case, the treater's request for 24 sessions exceeds what is recommended by MTUS. Recommendation is for denial.