

<b>Case Number:</b>	CM14-0163774		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Emergency 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:

Patient with reported date of injury on 12/30/2013. Mechanism of injury is claimed to be from lifting boxes. Patient has a diagnosis of lumbar spasms, lumber sprain and rule out lumbar disc protrusion. Medical reports reviewed. Last report available until 8/25/14. Patient complains of low back pain. Pain is 5/10 and is stiff. Objective exam reveals limited range of motion with tenderness and spasms. Straight leg positive on right side. Kemp's positive bilaterally. Rationale for Home TENS/EMS is "to help increase range of motion (ROM) and decrease pain". MRI of lumbar spine (5/8/14) reveals lumbar spondylosis L3-S1 discs and L5-S1 and L4-5 disc protrusion worst at L5S1 with 6mm posterior and right paracentral protrusion obliterating R lateral cress and displacing R S1 nerve root. Patient is documented medications. Independent Medical Review is for Home TENS/EMS unit and Pain management consult. Prior UR on 9/24/14 recommended non-certification. It approved physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS/EMS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** As per California Medical Treatment Utilization Schedule (MTUS) Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. There is no proper documentation of prior conservative treatment modalities for pain except for physical therapy. There is no documented medications. There is no documented short and long term goal for the TENS. There is no documentation of objective pain measurement or how pain is being treated or how TENS has effected pain. Before long term TENS request can be recommended, a 1month trial is recommended. Pt does not meet any criteria to recommend TENS. TENS is not medically necessary.

**Pain management consult on 10/18/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92,Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** As per American College of Occupational and Environmental Medicine (ACOEM) guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Consultation to a Pain Management specialist is not indicated. Documentation merely states that consultation is for medication therapy which any actual physician reliably trained and familiar with pain can manage. Pain management is recommended for complex pain treatment or advance procedures. Pain management consultation is not medically necessary.