

<b>Case Number:</b>	CM14-0218239		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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 Jersey, New York  
Certification(s)/Specialty: Family Practice

### 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 is a 32 year old female who was injured while bending over to close a lid. The date of injury was April 22, 2013. Diagnoses include degenerative disc disease at L4-5 and status post L4-5 decompression with concomitant inter body and posterolateral fusion on April 30, 2013. On March 11, 2014, a CT scan of the lumbar spine revealed mild to moderate stenosis at L3-4 and L5-S1, mild stenosis at L2-3 and mild S1 joint degenerative osteoarthritis. On July 11, 2014, she complained that her entire spine ached and she had difficulty sleeping. Physical examination revealed moderate tenderness to palpation of the lumbar spine and moderate spasms. There was decreased range of motion and strength. Treatment modalities included medications, physical therapy and acupuncture. A request was made for TENS four lead. On December 19, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous Electrical Nerve Stimulation unit with electrodes x 10 pack, batteries x 10, purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrotherapy Page(s): 114-115.

**Decision rationale:** The request is not medically necessary. A trial of TENS unit is reasonable as an adjunct to a functional restoration program when other conservative appropriate pain modalities have failed. The patient is documented in the pre-authorization to have failed the use of medications, acupuncture, and physical therapy. As per MTUS guidelines, TENS 'does not appear to have an impact on perceived disability or long-term pain' in the management of chronic low back pain. Criteria for use includes a one-month trial of the TENS unit which was not documented in the chart. Also, there was no rationale documented as to why a 4 lead unit was needed instead of a 2 lead unit. Therefore, the request is considered not medically necessary.