

<b>Case Number:</b>	CM15-0000518		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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 York

Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 36 year old male, who sustained an industrial injury on August 29, 2014. The details of the injury and immediate symptoms were not documented in the reviewed medical record. Previous symptoms were not documented in the reviewed medical record. The diagnoses have included a lumbar spine sprain. Treatments to date were not documented in the reviewed medical record. Currently, the injured worker complains of tenderness of the lower back. The treating physician noted decreased range of motion of the lower back. The treating physician is requesting a MEDICATIONS 4 unit rental for three months with conductive garment for the lumbar spine. On December 3, 2014 Utilization Review non-certified the request for a MEDICATIONS 4 unit rental for three months with conductive garment for the lumbar spine noting the lack of documentation to support the medical necessity of the unit. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS 4 Unit rental for 3 months with Conductive Garment for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116, 118-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 116 ( pdf format).

**Decision rationale:** The requested TENS is not medically necessary. Per California MTUS Guidelines it is not recommended as an isolated therapeutic intervention and is only recommended on a one-month trial if it is part of a comprehensive rehabilitation program. There is no documentation indicating that the claimant is part of such a rehabilitation program. There is no report of functional benefit from electrical stimulation under the supervision of a licensed physical therapist. There is no indication for the requested TENS supplies. The use of TENS is not indicated. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.