

<b>Case Number:</b>	CM15-0018003		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	01/22/2003
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Arizona, California  
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:

The injured worker is a 52 year old male who sustained an industrial injury on 01/22/2003. The current diagnoses include lumbosacral degenerative disc disease, lumbosacral disc injury, lumbosacral sprain/strain injury, myofascial pain syndrome, and clinical symptoms of lumbosacral radiculopathy. Treatments to date include medication management, home exercise program, and TENS unit. Report dated 12/16/2014 noted that the injured worker presented with complaints that included ongoing low back pain. Physical examination was positive for tenderness and decreased range of motion. The utilization review performed on 01/02/2015 non-certified a prescription for TENS unit, lumbar spine, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit, Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified and the length of prior use and clinical response with VAS scores is not provided. The request for additional TENS unit use is not medically necessary.