

<b>Case Number:</b>	CM15-0111613		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	02/15/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: California, North Carolina  
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(n) 34 year old male, who sustained an industrial injury on 2/15/14. He reported he stood up from a bent over position and heard a pop in his lower back and felt pain. The injured worker was diagnosed as having lumbosacral strain, lumbar radiculopathy and left hip labral tear. Treatment to date has included physical therapy x 16 sessions with no benefit, a lumbar MRI on 12/30/14, a lumbar epidural injection on 12/9/14 and an EMG on 3/9/15 showing L4, L5 and S1 radiculopathy. Current medications include Motrin, Norco and Lyrica. As of the PR2 dated 5/6/15, the injured worker reports 7/10 pain in his lower back. Objective findings include decreased lumbar range of motion, a negative straight leg raise test and tenderness to palpation in the hip joint. The treating physician requested a three month rental of a TENs unit and supplies as a trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 months rental of TENS unit and supplies as trail Qty 3.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS criteria for the use of TENS includes a one-month trial period of the TENS unit documented with how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the request is for a 3 month rental of a TENS unit, which exceeds the guidelines. In addition, specific short and long-term treatment goals should be submitted with the request. In this case, treatment goals have not been submitted. Therefore, based on the above, this request is not medically necessary.