

<b>Case Number:</b>	CM15-0121957		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	04/22/1996
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Florida

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 63-year-old female who sustained an industrial injury on 4/22/1996 resulting in chronic low back pain and decreased ability to perform activities of daily living. She was diagnosed with lumbar sprain. Treatment has included medication, physical therapy, trial of H-Wave therapy, and use of a TENS unit. The injured worker has reported some relief in the past with H-Wave therapy and the TENS unit. Effectiveness of other treatments is not provided in the documentation. The injured worker continues to report symptoms of pain and functional difficulties. The treating physician's plan of care includes a conductive back garment. Work status at present is not provided in documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Conductive back garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Form-fitting TENS device.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines, TENS unit Page(s): 114-117.

**Decision rationale:** Conductive back garments are utilized in conjunction with a TENS unit when a large area requires stimulation that a conventional sized system cannot accommodate. In this case, the patient was previously non-certified for a TENS unit on 2/3/2015. Likewise, if a TENS unit is not considered medically necessary then a conductive back garment is also not considered medically necessary.