

<b>Case Number:</b>	CM15-0075815		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	08/13/2009
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on August 13, 2009. The injured worker was diagnosed as having five months status post TPLIF L4-L5 with laminectomy and right gluteal bursitis resolved. Treatment to date has included physical therapy, x-rays, lumbar fusion, lumbar discectomy, MRI, and medication. Currently, the injured worker complains of increased low back pain since resuming physical therapy. The Primary Treating Physician's report dated March 9, 2015, noted the injured worker approximately five months status post a transforaminal posterior lumbar interbody fusion (TPLIF) L4-L5 with laminectomy. The injured worker was noted to have increased his Tramadol use due to his increased low back pain. Physical examination was noted to show the injured worker with a steady gait using a single point cane, with motor strength intact in his lower extremities and negative straight leg raise. X-rays of the lumbar spine were noted to show a solid appearing L4-L5 fusion at the lateral gutters and intradiscally. The treatment plan was noted to include additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens Unit Rental (2 months):** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 8/13/09. The medical records provided indicate the diagnosis of status post lumbar fusion and lumbar radiculitis. Treatments have included a range of modalities both pre- and post-operatively and the use of a TENS unit in PT. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain: Phantom limb pain and CRPS II; and Spasticity. The requested two months rental exceeds the 30 days rental trial of TENS unit. Therefore, the request for TENS Unit Rental for 2 months is not medically necessary.