

<b>Case Number:</b>	CM13-0004065		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/28/2009
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is status post lumbar laminectomy with ongoing low back pain. His date of injury was 11/28/2009. There has been extensive post op physical therapy and the claimant has been managed on medications. The claimant has been seen by an AME psychiatrist. His examination shows a positive straight leg raise and he has failed back syndrome with radiculopathy. Trigger points are noted as is the possibility of facet mediated pain. The notes do not disclose a TENS trial being performed nor a reason why superficial stimulation is not possible. There is a letter of justification that does not address key facts stated in the guidelines although it lists the guidelines in an edited/redacted format. TENS is requested to reduce pain levels, decrease narcotic consumption, reduce overall inflammation, reduce sympathetic stimulation and improve functional levels. The utilization report relates TENS to spinal cord injury which appears to be a misapplication of the guidelines. The utilization review does not state the guidelines used in drafting the report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Neuro stimulator 3 units:** 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  
Percutaneous electrical nerve stimulation Page(s): 97.

**Decision rationale:** Guidelines state that "There is a lack of high quality evidence to prove long-term efficacy" The information submitted by the treating physician does not reflect this fact. There is no disclosure addressing guidelines that this patient has failed TENS, and has "obvious physical barriers to the conduction of the electrical stimulation." It is not clear how this treatment is adjunct to a program of functional restoration as stated in the guidelines. Furthermore guidelines give the utilization review physician discretion to non-certify by stating that it "may be considered." Medical necessity has not been established because the long term results of this are unlikely to produce benefit based on studies quoted in the guidelines.