

<b>Case Number:</b>	CM14-0015471		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/01/1996
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/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 patient is a 63-year-old male who has submitted a claim for lumbar post-laminectomy syndrome associated with an industrial injury date of 02/01/1996. Medical records from 04/02/2013 to 03/11/2014 were reviewed and showed that patient complained of chronic , debilitating back pain graded 10/10 which radiated down bilateral lower extremities. Physical examination of the lumbar spine reveals spasm tenderness along the lumbar paraspinal muscles. There was limitation of motion with lumbar flexion, extension, and rotation with paraspinal muscle spasms noted bilaterally. SLR test was positive bilaterally at approximately 45 degrees. Treatment to date has included removal of left SI joint fusion(01/22/1999), lumbar hemilaminotomy at L4-5 and L5-S1 with partial discectomy at L5-S1 and decompression of the lateral recess at L4-5, left-sided (05/24/1999), spinal cord field stimulation unit (04/21/2005) with revision (02/07/2008), lumbar fusion hardware removal (06/17/2004), physical therapy , home exercise program, TENS, pain medications and patches. Utilization review, dated 01/28/2014, denied the request for 1 interferential unit/transcutaneous electrical nerve stimulation unit combo because there was no evidence of pain relief or functional improvement despite long-term use of interferential/TENS unit application. Utilization review, dated 01/28/2014, denied the request for TENS electrode and batteries because the TENS unit has been non-certified. Any associated supplies, including the requested electrodes and batteries, would be considered unnecessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Interferential unit / transcutaneous electrical nerve Stimulation Unit Combo:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

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

**Decision rationale:** According to pages 114-116 of CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be documented(as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient has been using TENS for 8 years There was no documentation of functional improvement or pain relief. There was no documentation of active participation in a functional restoration program as well. There was no discussion supporting the need for long-term use of TENS. Therefore, the request for 1 interferential unit / transcutaneous electrical nerve stimulation unit combo is not medically necessary.

**(1) Electrode (4 per pack) times 10:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The dependent request, 1 interferential unit / transcutaneous electrical nerve stimulation unit combo, was deemed not medically necessary. Therefore, the request for 1 batteries times 10 is also not medically necessary.

**(1) Batteries times 10:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The dependent request, 1 interferential unit / transcutaneous electrical nerve stimulation unit combo, was deemed not medically necessary. Therefore, the request for 1 batteries times 10 is also not medically necessary.