

<b>Case Number:</b>	CM14-0043916		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/26/1997
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Physical Medicine and Rehabilitation and Occupational Medicine, and is licensed to practice 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 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 injured worker is a 65-year-old-male with a date of injury 3/26/1997. The patient fell from a height landing on his buttock causing fracture of his tailbone and increased pain in his low back and upper back and neck. He was treated conservatively with pain medications, physical therapy. He reinjured in 1998 when 150 pounds steel Hatch fell on his head causing him to lose consciousness and increased pain in his neck, mid back, low back with bilateral upper extremity and lower extremity pain, bilateral shoulder pain and ended impairment in hearing. He complained of 8/10 neck, low back, and leg pain. On examination, the patient had tightness in the bilateral levator and suboccipital grooves. He had trigger points and myofascial restrictions noted in the bilateral gluteus medius and piriformis groups. His straight leg raising was positive at 80 degrees bilaterally. Medications were Testosterone, Xanax, Aspirin, Soma, Effexor, Norco, Celebrex, Lipitor, Amlodipine, Trazodone, Zebutal, Ditropan, Fioricet, and Dyazide. MRI of lumbar spine performed on May 25, 2011 has shown the catheter tip terminating at T10-T11. There is degenerative changes noted at T8-T9 and T9-T10. There is loss of disk height at L4-L5 and L5-S1. No catheter tip granuloma noted. X-ray of the lumbar spine performed on May 25, 2011 showed catheter tip at top of T11. MRI of lumbar spine performed in March of 2010 showed intrathecal catheter at T10-T11. Disk bulging at L3-L4, L4-L5 facet disease throughout the lumbar spine. Diagnoses are cervical and lumbar discogenic pain, emotional factors, and chronic pain syndrome with secondary myofascial syndrome. UR determination for transcutaneous electrical nerve stimulation (TENS) four lead was previously denied due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical nerve stimulation (TENS) four lead purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114.

**Decision rationale:** According to the CA MTUS guidelines, TENS for chronic pain, is recommended as a one-month home-based TENS trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions such as: Neuropathic pain, Phantom limb pain, Spasticity, and Multiple sclerosis. The medical records do not document a reason for the requested TENS unit. There is no documented neuropathic pain diagnosis to establish the need for the TENS unit. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, therefore the request is not certified as medically necessary.