

<b>Case Number:</b>	CM14-0091051		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 38-year-old man who sustained a work-related injury on November 11, 2011. Subsequently, the patient developed chronic low back pain. An EMG/NCS done on June 26, 2014 documented electrodiagnostic evidence of chronic right L5 radiculopathy with preinnervation and without acute denervation. There was electrodiagnostic evidence of mild bilateral peroneal slowing at the ankles. In a follow-up visit dated July 18, 2014, the patient stated that he pain was relatevely unchanged and is located in his bilateral low back with radiation down his right leg into his right buttock. He continued to note numbness and tingling in his lateral thigh and lateral calf and down into his lateral foot. The patient rated his pain as a 4-6/10. The patient has been dealing with some severe constipation secondary to pain medications. Examination of the lumbar spine revealed restricted range of motion: 45 degrees of flexion, 15 degrees of extension, 20 degrees of left and right lateral bending. There was exquisite tenderness to palaption along the entire lumbar spine. There was 4/5 weakness in his right EHL and tibialis anterior and otherwise conitines to hae diffuse ratchety weakness in his right lower extremity due to guarding. Left side was 5/5. There was 1+ patellar and achilles reflexes. He continued to have decreased sensation in the S1 dermatome as well as the L5 dermatome, nearly completely lost. There was mildly positive seated straight leg raise reproducing bilateral buttock and low back pain but no radicular pain down the legs. The patient was diagnosed with status post L5-S1 discectomy and laminectomy and cauda equina decompression with near complete resolution of right-sided leg pain and some continued associated low back and buttock pain as well as right leg numbness, chronic opiate use, constipation due to opiate use, history of gastroesophageal reflux disease, and insomnia. The provider requested authorization for purchase of home TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase for home TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain. Decision based on Non-MTUS Citation California MTUS web based guidelines [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of his pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of purchase of home TENS unit is not medically necessary.