

<b>Case Number:</b>	CM14-0187810		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	07/29/2009
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 56-year-old woman who sustained a work-related injury on July 29, 2009. Subsequently, the patient developed chronic low back pain. According to a progress report dated September 9, 2014, the patient complained of pain in the lumbar spine that she rated as a 6/10 in severity. Examination of the lumbar spine revealed limited range of motion. The patient maintained an active flexion of 40 degrees, extension to 25 degrees, right lateral flexion to 25 degrees, and left lateral flexion to 20 degrees. The patient was significantly tender to palpation over the spinous processes of L5-S1, as well as mildly tender to palpation over the right and left S1 joints. Upon evaluation of lower extremity sensation, the patient demonstrated decrease in the sharpness of the pinwheel over the S1 dermatome of the left foot when compared to the right foot. The patient stated that she felt the sharpness equivalently over the left L4 and L5 dermatomes when compared to the right lower extremity. The patient was diagnosed with lumbar discopathy and radiculopathy, neuropathy of the lower limb, lumbar sprain/strain, and mild left S1 radiculopathy per EMG/NCS performed on September 29, 2009. The provider requested authorization for TENS unit for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
TENS Page(s): 63-66, 114-116.

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

**Decision rationale:** According to MTUS 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 her pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the request is not medically necessary.