

<b>Case Number:</b>	CM15-0100742		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	08/22/2003
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 66-year-old male, who sustained an industrial injury on August 22, 2003. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar discogenic disease, chronic low back pain, lumbar spondylosis, and status post lumbar fusion. Diagnostic studies to date have included an MRI of the lumbar spine performed on March 3, 2015 and an MRI with contrast April 20, 2015. Treatment to date has included a walker, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including topical pain, oral pain, on-steroidal anti-inflammatory, proton pump inhibitor, and anti-epilepsy. On April 16, 2015, the injured worker complains of continued low back pain. His pain level is 8/10 to 3-4/10. When his pain level decreases, he is able to get out of bed and walk. Within 30 min of taking his medication, he is able to get up and walk about 50 yards with the use of a walker. His legs go numb and he has difficulty walking. The physical exam revealed a healed lumbar spine surgical incision, positive spasms, a positive right Lasegue, a positive right straight leg raise at 50 degrees, and pain on the right S1 distribution. The treatment plan includes a new transcutaneous electrical nerve stimulation (TENS) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit (Lumbar Spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-116.

**Decision rationale:** According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but 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, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis .In this case, the medical records note that the injured worker has used a Tens unit, and request is being made for a new unit. However, the medical records do not establish a rationale for the request for a new Tens unit. The request for TENS Unit (Lumbar Spine) is therefore not medically necessary and appropriate.