

<b>Case Number:</b>	CM15-0102688		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/15/1986
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 71 year old female, who sustained an industrial injury on 10/15/1986. Diagnoses include thoracic/lumbosacral neuritis/radiculitis, displaced lumbar intervertebral disc and chronic pain syndrome. Treatment to date has included medications including Ambien, Celebrex, Lexapro, Norco, Xanax, Prilosec and Lisinopril, activity modification and exercises. Per the Primary Treating Physician's Progress Report dated 5/19/2014 the injured worker reported mid lumbar spine pain with radiation to the lumbosacral junction, the buttocks and bilateral lower extremities. Physical examination revealed slightly decreased lordosis with a midline scar. There was tenderness and moderate spasm, greater on the right than the left. Sciatic notch tenderness was present bilaterally, slightly greater on the right than the left. Extension and rotation to the right caused discomfort in the right junction and when done to the left caused moderate discomfort in the left junction. The plan of care included lumbar epidural steroid injections. Authorization was requested for transcutaneous electrical stimulation (TENS) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMPI TENS Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 117-121.

**Decision rationale:** According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis (MS). In this case, there is limited documentation for a trial of this modality for this particular injury. In addition, there is no documentation of any functional benefit from the TENS unit under the supervision of a physical therapist. Medical necessity for the requested item has not been established. The requested TENS Unit is not medically necessary.