

<b>Case Number:</b>	CM15-0108685		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	07/07/2000
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 39 year old female, who sustained an industrial injury, July 7, 2000. The injured worker previously received the following treatments Nucynta, Valium, Voltaren Gel, Docusate, Kristalose, Methocarbamol, Amitiza, Senna, Cambia, Melatonin, Zolofit, Wellbutrin, Flector patches, Heating pad, Percocet, physical therapy, spinal cord stimulator and cervical injections. The injured worker was diagnosed with chronic pain syndrome, external hemorrhoids without complications, constipation, lumbar and thoracic radiculopathy, post laminectomy of the lumbar spine. According to progress note of March 11, 2015, the injured workers chief complaint was low back pain and leg pain with active persistent symptoms to the bilateral toes. The leg pain was relieved 100% by the spinal cord stimulator. The back pain was described as pulling and tight. The pain radiated into the hips and groin bilaterally with low back p muscle spasms. The physical exam noted the low back spasms continue to increase. According to the physical therapy noted of May 6, 2015, the treatment plan included the use of a TENS (transcutaneous electrical nerve stimulator) unit. The treatment plan included a replace of a TENS (transcutaneous electrical nerve stimulator) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement TENS (transcutaneous electrical nerve stimulation) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**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. There is no documentation of neuropathic pain. There is no documentation of the efficacy of previous use of TENS. Therefore, the prescription of Replacement TENS (transcutaneous electrical nerve stimulation) unit is not medically necessary.