

<b>Case Number:</b>	CM15-0169270		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	05/12/2015
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 is a 53 year old male, who sustained an industrial injury on 5-12-2015. Diagnoses include possible lumbar discogenic pain, possible bilateral lumbar facet pain, possible lumbar sprain or strain, possible cervical discogenic pain, possible cervical facet pain and possible cervical sprain or strain. Treatment to date has included conservative measures including diagnostics, 6 visits of "chiropractic physical therapy" and medications. Current medications include Ultram, Prilosec, Flexeril and Anaprox. Per the Primary Treating Physician's Progress Report dated 8-05-2015, the injured worker reported constant low back pain radiating to the left lower extremity left more than right with tingling, numbness, weakness and cramps, and constant neck pain radiating into both shoulders. He rated his pain as 5-6 out of 10. Objective findings of the neck included midline tenderness extending from C3-7. There was bilateral cervical facet tenderness noted at C4-5 and C5-6 and bilateral trapezius tenderness with positive facet loading. Examination of the mid back was described as normal. There was lower back midline tenderness noted from L3-S1 and bilateral lumbar facet tenderness at L4-5 and L5-S1. There was also mild bilateral sciatic notch and sacroiliac tenderness noted. The plan of care included a lumbar caudal epidural block and bilateral L5 transforaminal block. Per the medical records dated 6-03-2015 to 8-05-2015 there was not documentation of functional improvement including a decrease in pain levels or an increase in activities of daily living with the treatments rendered. On 8-21-2015, Utilization Review non-certified a request for 4 contact home stimulating trial for one month.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**4 contact home stimulating trial for one month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**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 clear documentation of neuropathic pain. Therefore, the prescription of 4 contact home stimulating trial for one month is not medically necessary.