

<b>Case Number:</b>	CM15-0180379		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Texas, 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 44 year old female who sustained an injury on 7-23-14 resulting when she fell backwards and hit her left arm, right thigh and landed on her buttocks and lower back. Diagnoses are degeneration of lumbar intervertebral disc with myelopathy and lumbar musculoligamentous injury. Treatment has included medication, physical therapy, chiropractic therapy, acupuncture, and pain management. Medications included Naproxen, Tramadol and various ointments for relief of the pain. Diagnostic tests included X-rays and MRI of the lumbar spine. The progress report on 7-27-15 indicates she had recent surgery to the lower back and reported some improvements in her leg complaints and that the radiating back pain has resolved. She is significantly overweight and it is very important for her to reduce her weight in the recovery period. She is five feet one inches tall and weighs 220 pounds and will require approximately 80-pound reduction and without the reduction it is unlikely that her complaints will resolve completely. Neurologically motor strength is intact and has increased her ambulation significantly as compared to her preoperative level of ambulation. Physical therapy 18 sessions postoperatively and Lindora program for her to reduce approximately 80 pounds was requested. Utilization review 8-14-15 requested treatments non-certified. Per the note dated 8/21/15 the patient had complaints of neck and low back pain at 3/10 and worsening of left shoulder pain at 6/10. Physical examination of the neck and back revealed tenderness on palpation, muscle spasm and limited range of motion. Patient had received left shoulder injection. The patient's surgical history includes left shoulder arthroscopy in 2000 and inguinal hernia repair. The patient has had MRI of cervical spine that revealed disc protrusion and EMG of upper extremity revealed left C6 denervation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day trial (TENS) transcutaneous electrical nerve stimulation:** 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:** Request: 30 day trial (TENS) transcutaneous electrical nerve stimulation. According the cited guidelines, electrical stimulation (TENS), 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 the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." According the cited guidelines, Criteria for the use of TENS is "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for 30-day trial (TENS) transcutaneous electrical nerve stimulation is not fully established for this patient. Therefore, the request is not medically necessary.