

<b>Case Number:</b>	CM15-0180855		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/17/2008
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/07/2015
<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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 56 year old female, who sustained an industrial injury on 04-17-2008. Current work status not noted in received medical records. Medical records indicated that the injured worker is undergoing treatment for neck pain with radiating symptoms to right arm and low back pain with radiating symptoms to right leg posteriorly. Treatment and diagnostics to date has included cervical spine MRI, lumbar spine MRI, physical therapy, and medications. Current medications include Norco, Motrin, Colace, and Zanaflex. In a progress note dated 08-26-2015, the injured worker reported neck and low back pain and headaches. The treating physician noted that Norco brings the injured worker's pain levels down from 8 to 10 out of 10 to 3 to 4 out of 10 and "allows her to do activities" such as ride her bicycle or go grocery shopping for about an hour longer. The injured worker stated that she "was talking to some of her friends who had good results with TENS unit with radiating symptoms". Objective findings included tenderness over the lumbar and cervical paraspinal muscles, decreased range of motion with cervical extension, and "appears to have a positive straight leg raise test on the right". The physician also noted that "MRI of the cervical spine from 04-30-2008 showed multilevel degenerative spinal disease" and "MRI of the lumbar spine from 07-06-2009 shows small central to right paracentral disk protrusion at L5-S1. L4 superior endplate fracture, subacute, per MRI dated 07-11-2014". The request for authorization dated 09-03-2015 requested trial of TENS (Transcutaneous Electrical Nerve Stimulation) Unit, retrospective Norco #120, and prospective Norco #120. The Utilization Review with a decision date of 09-07-2015 non-certified the request for 30 day trial of TENS Unit.

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

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

**30 Day trial of TENS Unit:** 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:** Guidelines state that TENS is not recommended as a primary treatment modality but a one month home based TENS trial may be considered as an option if used as an adjunct to functional restoration. In this case, the patient was provided with a TENS previously and did not benefit from its use. The request for 30-day trial of TENS is not medically appropriate and necessary.