

<b>Case Number:</b>	CM15-0189404		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: California

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 52 year old male who sustained an industrial injury 12-03-13. A review of the medical records reveals the injured worker is undergoing treatment for lumbar disc herniation with bilateral lower extremity radiculopathy in the L5-S1 distribution, cervical disc herniation, right shoulder impingement syndrome, and medication induced gastritis. Medical records (08-31-15) reveal the injured worker complains of pain in the lower back with significant radicular symptoms to both lower extremities along with numbness and weakness in both feet, rated at 8/10, reducing to 6/10 with medications. The physical exam (08-31-15) reveals tenderness to palpation in the cervical spine musculature and right shoulder, as well as multiple trigger points and taut bands were palpated in the cervical spine. The range of motion was decreased in the cervical and lumbar spine, and the right shoulder. Prior treatment includes lumbar epidural steroid injections, which decreased his pain medication requirements by 40%, and medications. The treating provider reports the lumbar spine MRI (05-22-14) reveals a L5-S1 disc protrusion with tear of the superior annulus of the nucleus pulposus, indenting the thecal sac. There were multiple lumbar disc bulges. The treating provider reports the cervical spine MRI (03-31-14) reveals spondylolisthesis with disc bulges throughout the cervical spine effacing the thecal sac. The treating provider reports the electrodiagnostic study of the lower extremity (08-31-15) reveals acute L5 radiculopathy bilaterally. The original utilization review (10-12-15) noncertified the request for a TENS unit 1 month rental with 2 packs of electrodes, 2 packs of batteries, and set-up and delivery.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit combo 1 month rental, electrodes x 2 packs, batteries x 2 with set up and delivery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

**Decision rationale:** The requested TENS unit combo 1 month rental, electrodes x 2 packs, batteries x 2 with set up and delivery is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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". The injured worker has tenderness to palpation in the cervical spine musculature and right shoulder, as well as multiple trigger points and taut bands were palpated in the cervical spine. The range of motion was decreased in the cervical and lumbar spine, and the right shoulder. Prior treatment includes lumbar epidural steroid injections, which decreased his pain medications requirements by 40%, and medications. The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit combo 1 month rental, electrodes x 2 packs, batteries x 2 with set up and delivery is not medically necessary.