

<b>Case Number:</b>	CM15-0191517		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	01/10/2010
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Arizona, 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 60 year old female, who sustained an industrial injury on 1-10-2010. The injured worker is undergoing treatment for lumbar post laminectomy syndrome, lumbar radiculopathy, lumbosacral root lesions, depression and chronic pain syndrome. Medical records dated 8-3-2015 indicate the injured worker complains of "intractable low back pain, with neuropathic radicular symptoms affecting bilateral lower extremities, with numbness, tingling, weakness and paresthesia noted." Exam dated 9-1-2015 indicates the injured worker complains of sharp-stabbing low back and left leg pain rated 8 out of 10. The treating physician indicates "per favorable results post-four treatments utilizing neurostimulator, I believe that four subsequent treatments are medically necessary." No physical exam is indicated in the 9-1-2015 exam. Treatment to date has included physical therapy, oral and compounded medication, Transcutaneous Electrical Nerve Stimulation (TENS) therapy, aquatic therapy, heat-cold therapy, acupuncture, nerve blocks-lumbar epidural steroid injection, lumbar laminectomy and lumbar fusion. The original utilization review dated 9-9-2015 indicates the request for percutaneous electrical nerve stimulator (neurostimulator) for lumbar - 4 separate treatments over the course of 30 days is non-certified.

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

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

**Percutaneous Electrical Nerve Stimulator (Neurostimulator) for lumbar - 4 separate treatments over the course of 30 days: 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 the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have improvement with prior TENS unit. The claimant had improvement from percutaneous intervention. Additional use may be appropriate but there is no indication that the 4 additional treatments would provide sustained benefit. Justification for continued intervention is not medically necessary.