

<b>Case Number:</b>	CM15-0206792		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/15/2000
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, North Carolina  
 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 68 year old male who sustained an industrial injury on 10-15-00. A review of the medical records indicates he is undergoing treatment for status post L2-L5 anterior and posterior fusion with instrumentation 12-10-01, status post removal of implants L2-L5 - fusion with instrumentation and interbody fusion for pseudarthrosis and extension of fusion from L2-S1 3-24-03, status post anterior L5-S1 discectomy and fusion for pseudarthrosis, laminectomy L1-L2 and redo laminectomy L5 and instrumentation posteriorly T10-S1 11-27-06, status post C5-C6 discectomy and fusion with instrumentation for cervical myeloradiculopathy, and new onset right buttock and posterior thigh pain starting August 2015. He also has a history of a right knee replacement. Medical records (9-11-15) indicate that his symptoms are "75% in his back" with aching, burning, and stabbing pain with radiation to the "right greater than left" leg. He reports "stabbing, shooting pain, and numbness" down his right leg into his foot. He notes "numbness and pins and needles" in his left foot. He reports that his pain is reduced with TENS and, "at times", walking. He rates his back pain "8 out of 10", right leg pain "6-7 out of 10", and left leg pain "4 out of 10". He also complains of neck pain "3 out of 10", right arm pain "3 out of 10", and left arm pain "2 out of 10". His symptoms create difficulty with walking, sitting, social activities, employment, sleeping, recreational activities, lifting, and concentration. The physical exam reveals an antalgic gait on the right. He is able to heel-to-toe walk. Full range of motions is noted at his hips, knees, and ankles. Sensation is noted to be "intact except for numbness in the outer portion of the lateral thigh and calf". Reflexes are diminished bilaterally in the knees and ankles. Straight leg raise is negative. Motor strength is noted to be

"5 out of 5", except "4 out of 5" in the left L5 extensor Hallucis Longus. Diagnostic studies have included urine drug screening 9-11-15 - consistent with prescribed medications, x-rays of the cervical and lumbar spine, and an MRI of the cervical spine. Treatment has included surgery, a TENS unit, aquatic physical therapy, and medications. He is not working. The treatment recommendations include a right sacroiliac joint injection, x-rays to evaluate the status of his fusion, a sacroiliac joint belt, a new cane (records indicate he lost his previous cane), and use of a TENS unit "since his TENS unit was previously very helpful for him". The utilization review (10-1-15) includes requests for authorization of a TENS unit and TENS unit standard 2-lead trial for 30 days. The TENS unit standard 2-lead trial for 30 days was authorized. Indefinite use of a TENS unit was denied.

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

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

**Transcutaneous electrical nerve stimulation (TENS) unit (indefinite use) qty: 1:** Upheld

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

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

**Decision rationale:** CA MTUS Guidelines state that TENS is not recommended as a primary treatment modality, but a 1 month home-base TENS trial may be considered as a noninvasive option, if used as an adjunct to a program of evidence-base functional restoration. In this case, the request is for "indefinite use," which is not appropriate since use of this modality should be monitored periodically for efficacy, pain relief and functional improvement. The request cannot be approved in its present form. Therefore it is not medically necessary or appropriate.