

<b>Case Number:</b>	CM15-0210586		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 55 year old female who sustained an industrial injury on 11-19-2013. According to an initial complex orthopedic evaluation dated 02-04-2014, the injured worker reported low back pain and radicular pain down the right lower extremity down to the calf and numbness and tingling in the right foot. Current medications included none. Physical examination demonstrated an antalgic gait, tenderness and spasm over the lower lumbar spine. Motor testing was 5 out of 5 to all muscle groups of the lower extremities. Walking on the tiptoes and heels was performed without difficulty. Pain with lateral bending and rotation was noted. Positive straight leg raise in the sitting position was positive bilaterally. There was diminished sensation of the right lower extremity L4 and L5 nerve root distributions. Assessment included chronic low back pain, rule out disc herniation lumbar spine and radiculitis bilateral lower extremities. The provider noted that an MRI of the lumbar spine and electrodiagnostic studies of the lower extremities were indicated. Prescriptions included Omeprazole and Tramadol ER. The provider noted that a one month trial for a TENS unit would be requested. The injured worker was to start physical therapy three times per week for the next 6 weeks. Work status was noted as temporarily totally disabled. Follow up was indicated in one month. On 10-23-2015, Utilization Review non-certified the request for retrospective transcutaneous electrical nerve stimulation (TENS) device 4 more leads mx nerve stimulation (date of service 02-04-2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective transcutaneous electrical nerve stimulation (TENS) device 4/more leads mx nerve stimulation (DOS 02/04/2014): 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:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain for diagnosis such as neuropathy or CRPS of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There is no documentation regarding failed conservative treatment nor is there any documented short-term or long-term goals of treatment with the TENS unit. Submitted reports did not document extenuating circumstances regarding the necessity for a 4 lead TENS unit over guidelines recommendation for 2 lead. There is also no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization of TENS from the physical therapy treatment already rendered. The Retrospective transcutaneous electrical nerve stimulation (TENS) device 4/more leads mx nerve stimulation (DOS 02/04/2014) is not medically necessary or appropriate.