

<b>Case Number:</b>	CM15-0220855		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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, Texas

Certification(s)/Specialty: Internal 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 41-year-old female, who sustained an industrial-work injury on 10-1-13. A review of the medical records indicates that the injured worker is undergoing treatment for right lumbar radiculopathy secondary to L4-5 disc protrusion with L5 neural encroachment, right shoulder tendinitis-bursitis, cervical protrusion, and right hip pain. Treatment to date has included pain medication, lumbar orthosis, physical therapy (unknown amount), pain management, activity modifications, off work, lumbar epidural steroid injection (ESI) x 1 on 3-21-14 with mild relief for 2 weeks, Transcutaneous electrical nerve stimulation (TENS), heat, cold, stretching, home exercise program (HEP) and other modalities. The physician indicates that there is Magnetic Resonance Imaging (MRI) of the lumbar spine with evidence of neural impingement and disc protrusion. The electromyography (EMG) nerve conduction velocity studies (NCV) studies dated 10-22-15 of the bilateral upper extremities were normal. Medical records dated 9-8-15 indicate that the injured worker complains of low back pain with right lower extremity (RLE) symptoms, cervical pain with right upper extremity symptoms, and right hip pain. The pain is rated 5-7 out of 10 on the pain scale. Per the treating physician report dated 9-8-15 work status is temporary totally disabled. The physical exam reveals lumbar tenderness, limited range of motion due to pain, neurologically unchanged, positive straight leg raise on the right, and diminished sensation right L5 dermatomal distribution. The requested service included One-month rental of transcutaneous electrical nerve stimulator unit. The original Utilization review dated 10-26-15 non-certified the request for One-month rental of transcutaneous electrical nerve stimulator unit.

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

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

**One month rental of transcutaneous electrical nerve stimulator 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): Electrical stimulators (E-stim).

**Decision rationale:** According to the MTUS, the use of a transcutaneous electrical nerve stimulation (TENS) is 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, for the conditions described below. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case, the patient is not enrolled in an evidence-based functional restoration program and doesn't have an accepted diagnosis per the MTUS.