

<b>Case Number:</b>	CM15-0090489		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Preventive Medicine, Occupational 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:

This is a 28 year old female who sustained a work-related injury on 7-28-14. Medical record documentation on 4-27-15 revealed the injured worker was being treated for lumbar disc displacement without myelopathy and sciatica. She reported constant moderate pain of the lumbar spine which was aggravated by bending forward at the waist. Objective findings included 1+ spasms and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. A Yeoman's test was positive bilaterally and an iliac compression test was negative. Pervious therapy included nine physical therapy sessions which was documented on 2-27-15 as providing significant function improvement. A request for one month home based trial of neurostimulator TENS-EMS with supplies for the lumbar spine was received on 5-1-15. On 5-8-15, the Utilization Review physician modified a request for one month home based trial of neurostimulator TENS-EMS with supplies for the lumbar spine to a one month home based trial of a TENS unit only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month home based trial of neurostimulator tens ems with supplies -lumbar:** 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, Electrical stimulators (E-stim).

**Decision rationale:** The device being requested is a combination unit providing transcutaneous electrical nerve stimulation (TENS) and neuromuscular electrical stimulation (NMES). TENS is not recommended as a primary treatment modality, however, a month trial may be considered in the treatment of chronic pain as an adjunct treatment modality. The NMES is not recommended for the treatment of chronic pain. The injured worker may meet the criteria established in the guidelines cited above for a one month trial of a TENS unit. This would require the TENS being used as an adjunct to treatment modalities within a functional restoration approach. Continued use of the TENS would require documentation of the treatment modalities being utilized, how often the TENS unit was used, as well as outcomes including pain relief and function, other pain treatments including medication use, and a treatment plan for the use of the TENS unit. A dual unit is not supported as the NMES unit is not supported by the guidelines. The request for one month home based trial of neurostimulator tens ems with supplies - lumbar is not medically necessary.