

<b>Case Number:</b>	CM14-0116263		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/26/2007
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61-year-old female who sustained an injury on 7/26/07. On 7/28/14 she complained of constant pain and discomfort in the lumbar spine that she described as stabbing and aching in nature, radiating down into the bilateral legs and feet, more so on the right side, and it was rated at 6/10. Exam revealed difficulty with heel and toe walk, slight tenderness to palpation in the spinous process at L3-S1, slight tenderness to palpation in the lumbar paravertebral muscles, and slight tenderness to palpation and spasm in the gluteus and /or piriformis muscles. Sacroiliac joints and sciatic notches were slightly tender bilaterally. There was pain and spasm with flexion, extension, and right and left lateral bending of the lumbar spine. SLR test was positive bilaterally with pain and spasm radiating down to bilateral thighs. There was hypoesthesia noted over the S1 dermatome on the right and L5 dermatome on the left. Prior x-ray revealed posterior subluxations of C5 on C6 and C6 on C7 and spur formations at C5, C6, L2, L3, L4, and L5. Current medications include Ambien, Tylenol # 4 and Robaxin. She had a lumbar ESI in December 2013 which helped to diminish her low back pain and foot numbness. She is currently at a P&S status and is currently performing her therapy at home with a home exercise and stretching program. She is also utilizing a cryotherapy unit at home. She previously had 1 X-Force TENS unit denial. Diagnoses: Musculoligamentous sprain; cervical spine, musculoligamentous sprain; thoracic spine, musculoligamentous sprain; lumbar spine, facet hypertrophy L4-L5, bilateral (MRI 05/18/12), non-verified lumbar radiculopathy, and insomnia. The request for 1 Pro-Stim 5.0, plus 30 day supplies - 90 day trial was denied on 09/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Pro-Stim 5.0, plus 30 day supplies - 90 day trial.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) unit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** Per CA MTUS guidelines, electrical stimulation devices such as Pro-Stim (TENS units) are not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for condition such as neuropathic pain, phantom pain, MS and spasticity. TENS does not appear to have an impact on perceived disability or long-term pain. It is also not known if adding TENS to an evidence-based intervention, such as exercise, improves even more outcomes, but studies assessing the interactions between exercise and TENS found no cumulative impact. Criteria for the use of TENS include chronic intractable pain (for the conditions noted above), with documentation of pain of at least three months duration and there is evidence that other appropriate pain modalities have been tried. In this case, the medical records do not document the above criteria are met. Therefore, the request is not medically necessary in accordance to guidelines.