

<b>Case Number:</b>	CM15-0120281		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/14/2003
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 51 year old female, who sustained an industrial injury, October 14, 2003. The injured worker previously received the following treatments Naproxen, Prilosec, Cyclobenzaprine/Tramadol topical cream, Flexeril, physical therapy, lumbar surgery and 2 epidural steroid injections. The injured worker was diagnosed with status post anterior and posterior fusion at L5-S1 level with residual pain in the bilateral lower extremities, lumbar radiculopathy, and lumbar disc disease with spinal stenosis, left groin numbness and GERD (gastroesophageal reflux disease). According to progress note of May 13, 2015, the injured worker's chief complaint was low back pain. The injured worker rated the pain at 7 out of 10. The physical exam noted the injured worker walked with an antalgic gait. The injured worker moved with muscle stiffness. The injured worker had an erect posture. The injured worker had difficulty rising from a seated position. There was decreased sensation over the left foot. The treatment plan included for a trial home based neuro-stimulator TENS (transcutaneous electrical nerve stimulator) unit and supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Home Based Neurostimulator TENS-EMS with supplies (months) QTY: 1.00:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115, 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

**Decision rationale:** The claimant sustained a work injury in October 2003 and continues to be treated for low back pain. When seen, pain was rated at 7/10. Physical examination findings were unchanged from the previous evaluation, which had documented an antalgic gait and difficulty transitioning positions. There was decreased left lower extremity sensation and the claimant moved stiffly. Recommendations included a trial of TENS / EMS. In terms of TENS, a one- month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The requested trial using a combination TENS/EMS unit was not medically necessary.