

<b>Case Number:</b>	CM15-0120967		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 56-year-old female who sustained an industrial injury on 10/04/2010. Diagnoses include lumbar radiculopathy. Treatment to date has included medications, physical therapy, aqua therapy, functional restoration program, TENS unit, lumbar laminectomy, acupuncture and epidural steroid injections. She reported using her TENS unit daily which helped reduce her pain. According to the progress notes dated 5/19/15, the IW reported lower back pain. Pain was rated 3/10 with medications and 5/10 without them. She reported she was sleeping poorly. On examination, range of motion of the lumbar spine was restricted to 78 degrees of flexion and 22 degrees of extension due to pain. There was tenderness to palpation of the paravertebral muscles and a tight muscle band was noted on the left side; the sacroiliac spine was also tender. Lumbar facet loading was negative bilaterally. Straight leg raise was negative bilaterally. Babinski's sign was negative; ankle jerk was 2/4 on the right and 1/4 on the left, with patellar jerk 3/4 bilaterally. Dysesthesias were noted over the lateral calf and lateral thigh on the left. Motor exam was normal. An MRI of the cervical spine in 3/2015 showed mild degenerative changes and cervical radiculopathy. Lumbar MRI on 3/9/11 revealed an L4-5 diffuse annular disc bulge, mild bilateral foraminal narrowing and moderate central canal stenosis. A request was made for TENS (transcutaneous electrical nerve stimulation) supplies: patches and batteries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS ((Transcutaneous Electrical Nerve Stimulation) supplies: patches and batteries:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no recent evidence of functional improvement with the use of the TENS unit. Furthermore, the provider did not specify the duration of the supplies. Therefore, the request for TENS supplies: patches and batteries is not medically necessary.