

<b>Case Number:</b>	CM15-0124549		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Indiana, New York  
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 60 year old male, who sustained an industrial injury on 6/21/2009. The mechanism of injury was moving a refrigerator. The injured worker was diagnosed as having lumbosacral fusion with failed back syndrome, regional pain syndrome right lower extremity and thoracic strain. There is no record of a recent diagnostic study. Treatment to date has included surgery, spinal cord stimulator with later removal, physical therapy, TENS (transcutaneous electrical nerve stimulation), sacroiliac injections, acupuncture and medication management. In a progress note dated 5/4/2015, the injured worker complains of pain in the lower back, right buttock and sacroiliac, rated 6/10 with medications and 8/10 without medications. Physical examination showed thoracic paraspinal tenderness and right sacroiliac tenderness. The treating physician is requesting TENS (transcutaneous electrical nerve stimulation) treatment once a week for 6 weeks to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percutaneous TENS unit treatment once a week for 6 weeks (lumbar spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Percutaneous electric nerve stimulation (PENS).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, percutaneous TENS unit one time per week times six weeks (lumbar spine) is not medically necessary. Percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a trial may be considered as an adjunct to a program of evidence-based functional restoration, after other nonsurgical treatments including therapeutic exercises and TENS. There is a lack of high quality evidence to prove long term efficacy. In this case, the injured worker's working diagnoses are depression; status post removal spinal cord stimulator; L4 - S1 pseudoarthrosis; status post L4 - S1 posterior spinal instrumentation infusion; regional pain syndrome right lower extremity; failed back syndrome; thoracic strain; right sacroiliac joint dysfunction; and left cervical radiculopathy, not industrial. The date of injury is June 21, 2009. The request for authorization is June 13, 2015. According to a May 4, 2015 progress note, the worker's status post L4 - S1 fusion and fail back syndrome. Subjectively, the injured worker has low thoracic pain 6/10 and low back pain 6/10. The treating provider prescribed a home TENS that provides relief of symptoms. There is no documentation of objective functional improvement although subjective improvement is clearly documented. There is no documentation of failed TENS treatment. A percutaneous TENS (PENS) is not clinically indicated. The injured worker was prescribed additional acupuncture, but no ongoing physical therapy or therapeutic exercises as an adjunct to evidence-based functional restoration. There is a lack of high quality evidence to prove long term efficacy. Consequently, absent clinical documentation of failed TENS unit use and concurrent therapeutic exercises and/or physical therapy and a lack of high quality evidence to prove long-term efficacy (with PENS), percutaneous TENS unit one time per week times six weeks (lumbar spine) is not medically necessary.