

<b>Case Number:</b>	CM15-0126033		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Emergency 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 year old male who sustained an industrial /work injury on 2/19/10. He reported an initial complaint of low back pain. The injured worker was diagnosed as having lumbosacral strain with disc pathology L4-5, L5-S1 with radiculopathy. Treatment to date includes medication, transcutaneous electrical nerve stimulation (TENS) unit, and epidural steroid injections. MRI results were reported on 3/30/10 that demonstrated disc degeneration and annular bulging at L5-S1. Further studies were done on 9/28/11. EMG/NCV (electromyography and nerve conduction velocity test) was performed August 2010 and demonstrated S1 radiculopathy. Currently, the injured worker complained of flare up of low back pain. Per the orthopedic report on 4/27/15, exam notes tenderness to palpation from L4 to S2 in the midline and over the left sciatic tract, no spasm or S1 joint tenderness, range of motion reveals flexion at 30 degrees, extension to 15 degrees, lateral bending at 15 degrees, straight leg raising is to 90 degrees bilaterally. The requested treatments include transcutaneous electrical nerve stimulation (TENS) unit pads.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit Pads:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 to 117.

**Decision rationale:** The patient sustained an injury in February of 2010. He subsequently has been diagnosed with L4-5, L5-S1 disc disease with radiculopathy. The request is for the use of transcutaneous electrical nerve stimulation to aid in pain relief. The MTUS guidelines state that this treatment modality is indicated for certain conditions. This includes neuropathic pain related to diabetes or post-herpetic neuralgia, phantom pain, spasticity, and multiple sclerosis. Few studies have been found to support its use in chronic low back pain. TENS does not appear to have impact on long-term pain or disability. As such, the request is not medically necessary.