

<b>Case Number:</b>	CM15-0171023		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34 year old male who sustained an industrial injury on 03-04-2014. Mechanism of injury was cumulative trauma from repetitive lifting of boxes weighing 65 pounds and pushing pallets weighing up to 400 pounds, and on 03-05-2015 while lifting he heard a "pop" in his low back and immediate pain, and pain radiated to his left leg. On 01-14-2014 he suffered injuries from an ATV accident. Diagnoses include Grade II anterolisthesis of L5 on S1 measuring 14mm with bilateral pars defect per Magnetic Resonance Imaging, L5 radiculopathy greater on the left, moderate obesity with a 9 pound weight loss and hypertension-slightly improved. A physician progress note dated from 05-21-2015 to 07-02-2015 documents the injured worker complains of severe low back pain that radiates into both lower extremities and pain in his left calf. He has complaints of numbness that radiates into the top of the left foot, and his right leg is numb. On examination L5 deep tendon reflex was decreased on the right and absent on the left. Lumbar range of motion was restricted and painful and spasms were present. Treatment to date has included diagnostic studies, medications, and physical therapy. He is not working. On 05-14-2015 a lumbar spine x ray showed bilateral pars interarticularis defect at L5 level with a grade 2 anterior subluxation of L5 on S1 by 14mm. The subluxation does not appear to change between the neutral, flexion and extension positions. This does not exclude central stenosis or disc protrusion, if clinically indicated, recommend a Magnetic Resonance Imaging scan. A Magnetic Resonance Imaging of the lumbar spine done on 05-22-2015 revealed at L5-S1 a vacuum disc with mild disc desiccation and disc space narrowing. There is mild to moderate degenerative endplate changes and edema. There is a broad-based disc protrusion measuring a

maximal of 4mm. There are bilateral pars defects. There is moderate to severe bilateral neural foraminal narrowing. At T11-T12 he has moderate disc space narrowing and a 3mm broad based disc protrusion with mild spinal stenosis. An Electromyography and Nerve Conduction Velocity done on 07-16-2014 was normal. A RFA dated 07-23-2015 requests a neurosurgical consultation for possible anterior lumbar interbody fusion, a Transcutaneous Electrical Nerve Stimulation unit, psychological clearance, and internal medicine consultation for control of hypertension, and weight management. On 07-31-2015 the Utilization Review modified the requested treatment for a TENS Unit to a Transcutaneous Electrical Nerve Stimulation unit with supplies for a one month trial period with objective clinical evidence of functional improvement should additional use is requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records at this time do not document a neuropathic TENS diagnosis for which TENS would be indicated, nor do the records document a prior TENS trial supporting the current TENS purchase request, nor do the records document an alternate rationale for this request. Therefore a TENS rental and associated supplies are not medically necessary.