

<b>Case Number:</b>	CM15-0178119		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 51 year old male who sustained an industrial injury on 07-30-2013. Diagnoses include progressive lower back and leg pain of unclear etiology, history of L5-S1 fusion, and progressive L4-5 degeneration in the setting of lumbar degenerative disease. A physician progress note dated 07-23-2015 documents the injured worker complains of lower back pain focused around the sacroiliac joints and lower lumbar region going into the left leg. Supine straight leg raise and hip exam on the right causes groin pain and on the left causes lower back or iliac crest pain and hip examination causing groin pain. Patrick's test is somewhat positive on the left and any movement on the side causes pain in the lower back area. A physician progress note dated 07-10-2015 documents the injured worker has started Cymbalta 30mg twice a day and it has helped his mood considerably. His low back and leg pain is increasing. He has continued swelling and progressive left leg symptoms. Medrol steroid taper did not help. His Norco is increased to 6 tablets a day. He has visual and palpable swelling above the area of his incision, which would put it around L4 level. He has a moderately positive straight leg raising. He is getting some guarding with exam on the right side causing some back pain. Treatment to date has included diagnostic studies, medications, status post lumbar spine fusion on 02-21-2014, physical therapy, and sacroiliac joint injection. He is not working. Current medications were not listed. A Magnetic Resonance Imaging of the lumbar spine done on revealed no residual stenosis at L5-S1 some possibly progressive foraminal stenosis and degeneration and left L4-L5 in the setting of diffuse lumbar degenerative disease. The Request for Authorization dated 07-23-2015 is for a Transcutaneous Electrical Nerve Stimulation unit and an outpatient bone scan. On 08-24-2015 Utilization Review non-certified the requested treatment Durable Medical Equipment Purchase of Transcutaneous electrical Nerve Stimulator (TENS) Unit.

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

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

### **Durable Medical Equipment Purchase of Transcutaneous electrical Nerve Stimulator (TENS) Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified but indefinite use is not recommended. Therefore the request for purchasing a TENS unit for chronic back pain is not medically necessary.