

<b>Case Number:</b>	CM15-0071634		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	07/07/2008
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, North Carolina  
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 52 year old female, who sustained an industrial injury on 7/07/2008. The medical records submitted for this review did not include details of the initial injury or a reference for a complete list of prior treatments to date. Diagnoses include lumbar disc disease and post laminectomy syndrome. Treatments to date include medication therapy and insertion of a spinal cord stimulator. Currently, she complained of low back pain and recent diagnosis of a kidney infection and currently on antibiotics. She requested to have the spinal cord stimulator removed. On 3/13/15, the physical examination documented decreased sensation at the L5 dermatome. The plan of care included a request for a TENS unit and for authorization to remove the spinal cord stimulator, leads and battery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit for low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-121.

**Decision rationale:** MTUS states that TENS for chronic pain is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a conservative option, if used as an adjunct to a program of evidenced-based functional restoration. Several published evidence-based assessments of TENS have found evidence is lacking concerning effectiveness. In this patient, her neural stimulator is being removed, therefore she must be participating in an evidence-based functional restoration program before she is eligible for a one month home-based trial according to MTUS guidelines. At this time she does not qualify for a TENS unit according to the guidelines and this request must be found not medically necessary.