

<b>Case Number:</b>	CM15-0072091		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Texas, 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:

This is a 42 year old male patient, who sustained an industrial injury on January 1, 2014. He sustained the injury due to lifting a box. The diagnoses include lumbar radiculitis, lumbar sprain/strain, and neuritis/cervical sprain/strain. Per the doctor's note dated 3/9/2015, he had complains of bilateral neck pain with numbness of the left arm; low back pain with bilateral leg numbness. His pain was rated 8 on a visual analogue scale. The physical exam revealed altered sensation of left upper extremity to the hand, a decreased left bicep deep tendon reflexes, and +4 strength in left arm flexion. Per the PM&R note dated 10/30/14, he had complaints of pain in the head, neck, upper back, mid-back, lower back, bilateral shoulders, bilateral arms, bilateral elbows, bilateral hands, bilateral hips, bilateral knees, bilateral ankles and bilateral feet. The medications list includes ibuprofen, Robaxin, tylenol#3 and Butran patch. He has had PM&R consultation on 10/30/2014. He has had lumbar MRI on 5/7/14 and 10/14/14 which revealed 2-3mm disc protrusion at L4-5 with annular fissure; EMG/NCS lower extremities dated 1/30/15 which revealed normal findings. He has had physical therapy, chiropractic therapy and electrical stimulation units for this injury.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** Request: TENS unit. According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness." Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS unit is not established for this patient. The request IS NOT medically necessary.