

<b>Case Number:</b>	CM13-0021967		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	10/26/1994
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	06/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old female who reported an injury on 10/26/1994 after she fell backwards over a box. The patient was diagnosed as having a lumbar strain with chronic pain, and has been treated with the utilization of oral medications as well as a TENS unit which was noted as having been used since at least 06/2012. The progress report dated 06/10/2013 states the patient does not feel better; the pain is located in her low back and is described as mild to moderate. She stated that the pain does not radiate into the lower extremities, and has no GU or GI incontinence. Under the musculoskeletal headline, it notes that the patient had mild lower thoracic and lumbar back muscle spasms with 70% range of motion on both. The neurovascular and muscle strength was noted as being intact on the thoracic region as well as in the lower extremities. Under the assessment, it was noted that the patient is basically unchanged and stable with her lumbar strain as her current diagnosis. The physician is now requesting a TENS unit and supplies for 6 months as well as the medication Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit and supplies for six (6) months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrotherapy Page(s): 114-115.

**Decision rationale:** Regarding the first request for a TENS unit and supplies for 6 months, under California MTUS Guidelines a TENS unit is not recommended as a primary treatment modality, but a 1 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. The patient has been utilizing a TENS unit for several months now; however, there is nothing in the documentation stating the patient is using this as an adjunct to another form of conservative treatment. Furthermore, studies show that the TENS unit does not appear to have an impact on perceived disability or long-term pain. Therefore, in regards to the patient having already utilized a TENS unit with no objective information providing the efficacy of this mode of conservative treatment, the requested service is not considered medically necessary and is non-certified.

**Celebrex:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Celebrex® Page(s): 30.

**Decision rationale:** Under the California MTUS Guidelines, Celebrex is a nonsteroidal antiinflammatory drug that is a COX-2 selective inhibitor, a drug that directly targets COX-2 an enzyme responsible for inflammation and pain. Celecoxib, unlike other NSAIDS, does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. The patient has had a continuous chronic lumbar strain problem and has been utilizing other oral medications to include ibuprofen, methocarbamol, as well as her TENS unit to help provide pain relief from this issue. However, because her most recent clinical documentation is dated 7 months ago, it is unclear if the patient is still utilizing these same medications. Furthermore, the physician failed to include the dosage for the Celebrex in regards to this patient's care. Therefore, without knowing if the patient is currently taking other medications that may interfere with the use of Celebrex, as well as the physician having not provided an accurate dosage for the medication, the requested service cannot be considered medically necessary at this time. As such, the requested service is non-certified.