

<b>Case Number:</b>	CM13-0023749		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	06/27/2010
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in 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 30-year-old male who reported an injury on 06/27/2010. The patient is diagnosed with chronic lumbosacral strain, cervical strain, and depression. The patient was recently evaluated by [REDACTED] on 10/07/2013. Physical examination revealed tenderness in the right sacroiliac joint. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETRO Electrodes Purchase A4595: 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 Page(s): 117-120.

**Decision rationale:** California Medical Treatment Utilization Section (MTUS) Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option, if caused as an adjunct to a program of evidence based functional restoration. There should be documentation of pain at least 3 months in duration and evidence that other appropriate pain

modalities have been tried and failed. As per the clinical notes submitted, the patient's latest physical examination only revealed tenderness to palpation. The documentation of a significant neurological or musculoskeletal deficit was not provided. Furthermore, there was no evidence of a treatment plan with specific short and long-term goals of treatment with a TENS unit. It is unclear whether the patient has had a successful outcome with a home TENS trial prior to the request for a purchase. Based on the clinical information received, the request is non-certified.

**RETRO Batteries Purchase A4630: 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 Page(s): 117-120.

**Decision rationale:** California Medical Treatment Utilization Section (MTUS) Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option, if caused as an adjunct to a program of evidence based functional restoration. There should be documentation of pain at least 3 months in duration and evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, the patient's latest physical examination only revealed tenderness to palpation. The documentation of a significant neurological or musculoskeletal deficit was not provided. Furthermore, there was no evidence of a treatment plan with specific short and long-term goals of treatment with a TENS unit. It is unclear whether the patient has had a successful outcome with a home TENS trial prior to the request for a purchase. Based on the clinical information received, the request is non-certified.

**RETRO TENS Unit for Purchase E0730: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-120.

**Decision rationale:** California Medical Treatment Utilization Section (MTUS) Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option, if caused as an adjunct to a program of evidence based functional restoration. There should be documentation of pain at least 3 months in duration and evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, the patient's latest physical examination only revealed tenderness to palpation. The documentation of a significant neurological or musculoskeletal deficit was not provided. Furthermore, there was no evidence of a treatment plan with specific short and long-term goals of treatment with a TENS unit. It is unclear whether the patient has had a successful outcome with a home TENS trial prior to the request for a purchase. Based on the clinical information received, the request is non-certified.

