

<b>Case Number:</b>	CM13-0033221		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/15/2010
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

58y/o male injured worker with cumulative injury from dates 4/15/10 to 4/15/11. The injured worker has related neck pain that radiated to his upper extremities. In 4/2011 he was diagnosed with Valley Fever. MRI of the cervical spine dated 8/15/13 revealed a right subarticular disc osteophyte complex with a probable disc protrusion and annular fissure component and mild to moderate narrowing of the canal with mild flattening of the right ventral cord at C6-C7. Suspected annular fissure at C5-C6. Multilevel mild bilateral foraminal narrowing at C4-C5, C5-C6, and C6-C7. The injured worker has sensory changes in the right-sided C6 and C7 dermatomes. From a psychiatric evaluation dated 2/11/13 he was diagnosed with adjustment disorder with depressed and anxious mood, chronic industrially related; history of adjustment disorder associated with marital discord, resolved; history of post-traumatic stress disorder, no residual identified, associated with previous industrial injury, non-disabling; opiate dependence, industrially related; cognitive disorder, not otherwise specified; dyssomnia not otherwise specified; and sleep disorder secondary to general medical condition/orthopedic condition, insomnia type. 11/6/13 complex orthopedic spinal surgery consultation report indicated that the injured worker was recommended surgery and desired to proceed with the procedure. No documentation submitted detail whether the surgery was authorized or performed. The injured worker is refractory to medications, physical therapy, electrical muscle stimulation, and home exercises. The date of UR decision was 9/11/13. The latest document available for this review was dated 11/6/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 electrodes (for TENS unit): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114, 116.

**Decision rationale:** Per MTUS CPMTG, "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. 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." The California MTUS specifies the following criteria for use of TENS: documentation of pain for at least three months duration; documented evidence of the failure of other appropriate pain modalities; a documented one-month trial period of the TENS unit with outcomes of pain relief and/or increased function; documentation of other ongoing pain treatment during the trial period including medication usage; a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The submitted documentation does not contain sufficient descriptive criteria as required by the California MTUS to establish the medical necessity of a TENS unit. The documentation submitted for review does not describe outcomes of pain relief and/or increased function, the failure of other appropriate pain modalities, or include a treatment plan. As the use of TENS unit is not medically necessary, the request for 8 electrodes is also not medically necessary.

**12 replacement batteries: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114, 116.

**Decision rationale:** Per MTUS CPMTG, 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. 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. The California MTUS specifies the following criteria for use of TENS: documentation of pain for at least three months duration; documented evidence of the failure of other appropriate pain modalities; a documented one-month trial period of the TENS unit with outcomes of pain relief and/or increased function; documentation of other ongoing pain treatment during the trial period including medication

usage; a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The submitted documentation does not contain sufficient descriptive criteria as required by the California MTUS to establish the medical necessity of a TENS unit. The documentation submitted for review does not describe outcomes of pain relief and/or increased function, the failure of other appropriate pain modalities, or include a treatment plan. As the use of TENS unit is not medically necessary, the request for 12 replacement batteries is also not medically necessary.

**16 adhesive remover wipes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114, 116.

**Decision rationale:** Per MTUS CPMTG, 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. 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. The California MTUS specifies the following criteria for use of TENS: documentation of pain for at least three months duration; documented evidence of the failure of other appropriate pain modalities; a documented one-month trial period of the TENS unit with outcomes of pain relief and/or increased function; documentation of other ongoing pain treatment during the trial period including medication usage; a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The submitted documentation does not contain sufficient descriptive criteria as required by the California MTUS to establish the medical necessity of a TENS unit. The documentation submitted for review does not describe outcomes of pain relief and/or increased function, the failure of other appropriate pain modalities, or include a treatment plan. As the use of TENS unit is not medically necessary, the request for 16 adhesive remover wipes is also not medically necessary.