

<b>Case Number:</b>	CM13-0034499		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/23/1999
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 is licensed to practice in Oklahoma and 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 55-year-old female who reported an injury on 05/25/2011, with a cumulative trauma injury dated 07/20/1997 through 09/21/2011. The patient has been treated for ongoing chronic pain issues involving her neck, vision, both shoulders, both hands/wrists, back, both knees, and the nervous system (insomnia, anxiety, and internal). The patient was most recently seen on 09/18/2013 with complaints of blurred vision, continuous neck pain, continuous pain in both shoulders, continuous pain in the right arm from the shoulder to the hand, continuous pain in both hands and wrists, continuous pain in the low back with pain radiating to both legs at the foot level, and continuous pain in both knees. The patient has undergone bilateral carpal tunnel release as of 01/2001 and 05/2001, one cesarean section, left breast benign tumor removal, and as an adolescent had lung drainage surgery for pneumonia in 01/1997. The patient was most recently seen on 11/06/2013 for 5 different MRIs to include bilateral hands, the left shoulder, lumbar spine, and the right knee. The physician is now requesting 8 electrodes, 12 replacement batteries, and 16 adhesive remover wipes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 electrodes:** 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.

**Decision rationale:** Regarding the first request for 8 electrodes, additional information is reasonably necessary in order to render a decision. The documentation does not provide any clarification on the use of the electrodes. There is only one reference towards a multi-stimulator unit plus supplies which was dated 09/18/2013. However, there are no further documentation from that point on indicating the patient has been utilizing a stimulating unit for pain reduction and functional improvement measures. Furthermore, there are no objective measurements pertaining to any type of functional improvement with the use of this treatment device. Under California MTUS, it states that TENS units are 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 used as an adjunct to a program of evidence-based functional restoration. Due to the documentation providing insufficient information towards the patient's current treatment modalities, the request for 8 electrodes cannot be warranted at this time. As such, the requested service is non-certified.

**12 replacement batteries:** 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.

**Decision rationale:** Regarding the first request for 12 replacement batteries, additional information is reasonably necessary in order to render a decision. The documentation does not provide any clarification on the use of the 12 replacement batteries there is only one reference towards a multi-stimulator unit plus supplies which was dated 09/18/2013. However, there are no further documentations from that point on indicating the patient has been utilizing a stimulating unit for pain reduction and functional improvement measures. Furthermore, there are no objective measurements pertaining to any type of functional improvement with the use of this treatment device. Under California MTUS, it states that TENS units are 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 used as an adjunct to a program of evidence-based functional restoration. Due to the documentation providing insufficient information towards the patient's current treatment modalities, the request for 12 replacement batteries cannot be warranted at this time. As such, the requested service is non-certified.

**15 adhesive remover wipes:** 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 16 adhesive wipes, additional information is reasonably necessary in order to render a decision. The documentation does not provide any clarification on the use of the 16 adhesive wipes. There is only one reference towards a multi-stimulator unit plus supplies which was dated 09/18/2013. However, there are no further documentations from that point on indicating the patient has been utilizing a stimulating unit for pain reduction and functional improvement measures. Furthermore, there are no objective measurements pertaining to any type of functional improvement with the use of this treatment device. Under California MTUS, it states that TENS units are 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 used as an adjunct to a program of evidence-based functional restoration. Due to the documentation providing insufficient information towards the patient's current treatment modalities, the request for 16 adhesive wipes cannot be warranted at this time. As such, the requested service is non-certified.