

<b>Case Number:</b>	CM13-0042454		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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:

This 48 year-old patient sustained an injury on 7/16/12 while employed by [REDACTED]. Requests under consideration include 1 purchase of transcutaneous electrical nerve stimulation unit with han program, 3 months supply of batteries (6 units/month), and 3 months supply of electrodes (8 pairs/ month). Conservative care has included medications, 18 acupuncture sessions, and 24 chiropractic sessions. Imaging studies of the lumbar and cervical spine showed degenerative disc disease and facet arthropathy with disc protrusion at L5-S1. Electrodiagnostic studies noted chronic L5, S1 radiculopathy. Exam noted patient reporting ability to stand for 25 minutes and walk for 30 minutes without any other significant objective findings. There were previous requests for a 30-day trial of TENS unit in June and September 2013; however, records do not reflect any trial being performed or any outcome from treatment trial rendered if any. Current requests include purchase of TENS with 3 months accessory supplies which were non-certified on 10/9/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PURCHASE OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT WITH HAN PROGRAM.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens - Transcutaneous Electrotherapy Section Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-118.

**Decision rationale:** This 48 year-old patient sustained an injury on 7/16/12 while employed by [REDACTED]. Requests under consideration include 1 purchase of transcutaneous electrical nerve stimulation unit with han program, 3 months supply of batteries (6 units/month), and 3 months supply of electrodes (8 pairs/ month). Conservative care has included medications, 18 acupuncture sessions, and 24 chiropractic sessions. Imaging studies of the lumbar and cervical spine showed degenerative disc disease and facet arthropathy with disc protrusion at L5-S1. Electrodiagnostic studies noted chronic L5, S1 radiculopathy. Exam noted patient reporting ability to stand for 25 minutes and walk for 30 minutes without any other significant objective findings. There were previous requests for a 30-day trial of TENS unit in June and September 2013; however, records do not reflect any trial being performed or any outcome from treatment trial rendered if any. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There is no documented short-term or long-term goals of treatment with the TENS unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the TENS Unit purchase. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered. the 1 purchase of transcutaneous electrical nerve stimulation unit with han program (including 3 months supply of batteries (6 units/month and 3 months supply of electrodes (8 pairs/ month) are not medically necessary and appropriate.

**3 MONTHS SUPPLY OF BATTERIES (6 UNITS/MONTH):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**3 MONTHS SUPPLY OF ELECTRODES (8 PAIRS/MONTH):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.