

<b>Case Number:</b>	CM13-0046651		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 General Preventative Medicine and Public Health, has a subspecialty in Occupational and Environmental Medicine and is licensed to practice in Hawaii. 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:

Patient suffered a gunshot wound to the abdomen while trying to arrest a suspect on 3/21/2012 in the course of his duties as a police officer. Medical records on 10/15/13 indicate that the patient's diagnosis was abdominal pain unspecified, lumbago, PTSD and right sprain sacroiliac. His primary treating physician ordered a Flector patch, a TENS unit to be "used indefinitely" for muscle atrophy and counseling for his PTSD. A utilization review dated 10/24/2013 did not certify the use of the TENS unit. The primary physician provides no recent objective findings. No abdominal exam is noted on 10/15/13 by the primary physician. On 10/24/13, [REDACTED] noted that on the Doctor's first report of injury, the primary physician noted that the patient had undergone PT, acupuncture and use of meds. The meds listed include: Gabapentin and Tizanidine HCL. In the Doctor's first report of injury, [REDACTED] noted that the physician noted that the patient had difficulty strengthening his rectus abdominis muscles. The muscle weakness was likely due to denervation from his bullet wound surgery. The treating physician's progress notes on 10/15/13 do not indicate that the patient has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 54, 114-116.

**Decision rationale:** ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states, "Not recommended as an isolated intervention." And details possible criteria for selection "Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The treating physician's progress notes on 10/15/13 do not indicate that the patient has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures. The request for a TENS unit is denied and is not medically necessary based on MTUS guidelines.