

<b>Case Number:</b>	CM13-0057697		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/05/1998
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Occupational 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 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:

The injured worker is a male with date of injury January 5, 1998. Per primary treating physician's progress report, the injured worker complained of increasing neck and low back pain. There was no recent trauma, but sitting at work and working five days in a row tends to exacerbate his condition. There is no radicular pain. Cervical and lumbar movement are limited with stiffness.. Diagnoses include chronic recurrent lumbar sprain/strain syndrome and chronic recurrent cervical/thoracic sprain/strain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**48 skin wipes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This request is for supplies associated with the use of a TENS unit. The use of TENS for chronic pain is not recommended by the guidelines as a primary treatment modality, but a on-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. The injured worker does not meet the

medical conditions that are listed by the guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality, which is not supported by the guidelines. There are criteria for the use of TENS specified by the guidelines, of which there is not adequate documentation to support. Specifically, there should be documentation of pain of at least three months duration, and the injured worker has been identified as having an acute exacerbation for which chiropractic treatments were justified. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. The criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The use of a TENS unit in the management of the injured worker's pain is not medically necessary, so the supplies to support the use of TENS are also not medically necessary. The request for 48 skin wipes is determined to not be medically necessary.

**24 electrodes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This request is for supplies associated with the use of a TENS unit. The use of TENS for chronic pain is not recommended by the guidelines as a primary treatment modality, but a on-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. The injured worker does not meet the medical conditions that are listed by the guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality, which is not supported by the guidelines. There are criteria for the use of TENS specified by the guidelines, of which there is not adequate documentation to support. Specifically, there should be documentation of pain of at least three months duration, and the injured worker has been identified as having an acute exacerbation for which chiropractic treatments were justified. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. The criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The use of a TENS unit in the management of the injured worker's pain is not medically necessary, so the supplies to support the use of TENS are also not medically necessary. The request for 24 electrodes is determined to not be medically necessary.

**3 1oz vitamin E lotions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This request is for supplies associated with the use of a TENS unit. The use of TENS for chronic pain is not recommended by the guidelines as a primary treatment modality, but a on-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. The injured worker does not meet the medical conditions that are listed by the guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality, which is not supported by the guidelines. There are criteria for the use of TENS specified by the guidelines, of which there is not adequate documentation to support. Specifically, there should be documentation of pain of at least three months duration, and the injured worker has been identified as having an acute exacerbation for which chiropractic treatments were justified. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. The criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The use of a TENS unit in the management of the injured worker's pain is not medically necessary, so the supplies to support the use of TENS are also not medically necessary. The request for three 1 ounce vitamin E lotions is determined to not be medically necessary.

**2 lead wires:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This request is for supplies associated with the use of a TENS unit. The use of TENS for chronic pain is not recommended by the guidelines as a primary treatment modality, but a on-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. The injured worker does not meet the medical conditions that are listed by the guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality, which is not supported by the guidelines. There are criteria for the use of TENS specified by the guidelines, of which there is not adequate documentation to support. Specifically, there should be documentation of pain of at least three months duration, and the injured worker has been identified as having an acute exacerbation for which chiropractic treatments were justified. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. The criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The use of a TENS unit in the management of the injured worker's pain is not medically necessary, so the supplies to support the use of TENS are also not medically necessary. The request for 2 lead wires is determined to not be medically necessary.

**3 9V batteries:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This request is for supplies associated with the use of a TENS unit. The use of TENS for chronic pain is not recommended by the guidelines as a primary treatment modality, but a on-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. The injured worker does not meet the medical conditions that are listed by the guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality, which is not supported by the guidelines. There are criteria for the use of TENS specified by the guidelines, of which there is not adequate documentation to support. Specifically, there should be documentation of pain of at least three months duration, and the injured worker has been identified as having an acute exacerbation for which chiropractic treatments were justified. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. The criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The use of a TENS unit in the management of the injured worker's pain is not medically necessary, so the supplies to support the use of TENS are also not medically necessary. The request for three 9 volt batteries is determined to not be medically necessary.