

<b>Case Number:</b>	CM13-0065663		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/27/2001
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury on April 27, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; prior knee arthroscopy; Synvisc injections; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of December 10, 2013, the claims administrator denied a request for a TENS unit rental, associated electrodes, batteries, lead wires, and eight adhesive remover towels. No clear rationale for the denial was provided, although the claims administrator seemingly suggested that the TENS unit should be denied on the grounds that the attending provider was not concurrently seeking physical therapy. On November 25, 2013, the primary treating provider writes that the applicant has persistent 9/10 pain and that multilevel epidural steroid injections are sought. The applicant is asked to continue current medications and home exercises. In a pain management note of November 19, 2013, the applicant's pain management physician states that the applicant should pursue diagnostic epidural steroid injections and continue an aggressive home exercise program. An earlier progress note of October 28, 2013 is notable for comments that the applicant exhibits an antalgic gait, has persistent back and knee pain, and presented to obtain Synvisc injections. It was stated that the applicant was not working and was in need of medical transportation to travel to and from all appointments. On September 27, 2013, the attending provider sought authorization for an electrical muscle stimulator 30-day trial with associated lead wires and supplies. In a handwritten prescription of the same date, the attending provider stated that he was seeking authorization for a one-month trial of a conventional TENS unit. Finally, in a Request for Authorization (RFA) form of September 27, 2013, the attending provider stated that he was requesting a 30-day trial of an electrical muscle stimulator.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **TENS UNIT RENTAL:** Overturned

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

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

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of TENS devices include evidence of chronic intractable pain of greater than three months' duration in applicants in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. In this case, the applicant has in fact tried and failed numerous other conservative treatments, including time, medications, physical therapy, Synvisc injections, multiple classes of analgesic medications, etc. The applicant has failed to respond favorably to the same. The applicant is off of work, on total temporary disability. Given the failure of other appropriate treatment modalities, including medications, surgery, physical therapy, etc., a one-month trial of a TENS unit is indicated, appropriate, and supported by page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original Utilization Review decision is overturned. The request is certified. It is incidentally noted that this decision does err somewhat in favor of the applicant and the attending provider, who stated somewhat incongruously in some sections of the reports and documentation that authorization was sought for an electrical muscle stimulator (EMS) in some instances and a conventional TENS unit in other instances.

### **2 ELECTRODE PACKS:** Overturned

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

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

**Decision rationale:** These are intended to facilitate delivery of the transcutaneous electrotherapy device certified above, in response to #1. Since the TENS device has been approved, the derivative electrodes are also certified.

### **2 BATTERIES (9V):** Overturned

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

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

**Decision rationale:** These supplies are intended to facilitate delivery of the transcutaneous electrotherapy certified above, in response to #1. Since the TENS unit rental has been approved, the derivative batteries are also approved.

**TENTS LEAD WIRES AND ADHESIVE REMOVER TOWELS:** Overturned

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

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

**Decision rationale:** As noted above, the TENS unit rental has been approved above, in response to #1. Since the TENS unit rental has been approved, the derivative lead wires and adhesive remover towels are also approved.