

<b>Case Number:</b>	CM14-0108774		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/18/2007
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 59 year-old female was reportedly injured on 8/18/2007. The mechanism of injury is noted as a low back pain injury while bending/kneeling over to clean furniture. The claimant underwent a thoracolumbar decompression, instrumentation and fusion from T10 to S1 on 3/9/2011 and 3/10/2011. The most recent progress note, dated 8/9/2014 indicates that there are ongoing complaints of neck and back pain with radiation to the left lower extremity. The physical examination demonstrated tenderness to cervical, lumbar and thoracic paraspinal areas as well as SI joints; limited cervical and lumbar range of motion; positive Spurling on left; decreased tactile sensory to left deltoid/forearm as well as the left L4, L5 & S1 dermatomes; DTR's 2+ in UE and right KJ, left KJ 0, and AJ 1+ and symmetric; positive SLR; EHL 0/5 on left and 5/5 on right. No recent diagnostic imaging studies available for review (previous cervical/lumbar MRI was performed in 2009). Previous treatment includes epidural steroid injections, physical therapy, chiropractic treatments, and medications to include Tramadol, Effexor ER, Lidopro, Omeprazole and Remeron. A request had been made for a TENS unit and Remeron, which were not certified in the pre-authorization process on 6/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS:** 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 Page(s): 113-116.

**Decision rationale:** MTUS guidelines recommend against using a TENS unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of a previous one-month trial. Furthermore, the MTUS notes that an appropriate trial should include documentation of how often the unit was used, the outcomes in terms of pain relief and improvement in function. As such, this request is considered not medically necessary.

**Remeron:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** Remeron (Mirtazapine) is a tetracyclic anti-depressant FDA approved for the treatment of depression. Review of her available medical records, documents a depression history; however, the records document "she cries easily, she feels nobody loves her, she describes anhedonia and withdrawal from social activities" with Remeron use. Furthermore she is currently taking Remeron at night for sleep; which is an off-label use. This request is not considered medically necessary.