

<b>Case Number:</b>	CM14-0013309		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 of January 25, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and apparent earlier provision of a TENS unit. In a Utilization Review Report dated January 28, 2014, the claims administrator apparently denied a request for TENS unit electrodes. The basis for denials was a paucity of supporting documentation. The cited guideline was not incorporated into the rationale. The applicant's attorney subsequently appealed. A January 13, 2014 progress note was notable for comments that the applicant reported persistent low back pain, hip pain, and leg pain. The applicant's pain level was 7/10. The applicant was on Neurontin and Dilaudid. The applicant was status post lumbar fusion in 2012 and SI joint injection therapy in 2013. The applicant stated that his pain was not well controlled. The applicant was having difficulty traveling to care for his horses. The applicant was apparently considering further lumbar spine surgery. The applicant was asked to increase Dilaudid and Neurontin. The applicant was not currently working, it was acknowledged. On December 4, 2013, the applicant was given a 28% whole-person impairment rating. In an earlier note of December 16, 2013, the applicant was again described as having heightened pain complaints. The applicant's quality of sleep was poor. The applicant stated that his medications are working well but was using a cane. The applicant was given Neurontin and Dilaudid for pain relief. The applicant was again described as not working. In an earlier note of November 4, 2013, the applicant was described as using hydrocodone, Neurontin, Tenormin, glipizide, losartan, metformin, Motrin, and aspirin for pain relief. The applicant was again described as not currently working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **ELECTRODES 2 TIMES 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION, 116

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic. Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of a TENS unit and/or associated supplies, such as electrodes, beyond an initial one-month trial should be predicated on favorable outcomes in terms of pain relief and function with the earlier trial of said TENS unit. In this case, the applicant has earlier received a TENS unit. However, there has been no clear evidence of improvements in pain or function effected as a result of the same. The applicant remains off of work. The applicant is apparently having difficulty performing even basic activities of daily living, such as ambulating, is using a cane to move about. The applicant remains highly reliant on various opioid and nonopioid agents, including Dilaudid, hydrocodone, Neurontin, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of the TENS unit in question. Therefore, the request for TENS unit electrodes are not medically necessary.