

<b>Case Number:</b>	CM14-0013962		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 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 38-year-old male with a reported injury date of 10/12/2013; the mechanism of injury was not provided. The injured worker's diagnoses include cervical disc displacement, cervical spine radiculopathy, lumbar disc displacement and lumbar spine radiculopathy. The clinical note dated 01/30/2014 noted that the injured worker had several complaints to include throbbing headaches rated 5/10, radicular neck pain rated 7/10 to 8/10 with associated numbness and tingling of bilateral extremities and low back pain rated 8/10 to 9/10 with associated numbness and tingling of bilateral lower extremities. Upon examination of the cervical spine it was noted that the injured worker had a right lateral head tilt, +2 tenderness at the occiputs, trapezius and rhomboid muscles. It was also noted that the range of motion of the cervical spine was restricted and that there was a positive cervical distraction test and a maximal foraminal compression test bilaterally. Additionally, it was noted that sensation was diminished to pinprick and light touch over C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Muscular strength was also decreased in C5, C6, C7, C8 and T1 secondary to pain. An examination of the lumbar spine revealed tenderness to bilateral lumbar paraspinal muscles and it was noted that the patient was only able to squat to approximately 10% of normal due to pain. The range of motion of the lumbar spine was restricted and there was a positive straight leg raise at 55 degrees bilaterally and a positive Braggard's bilaterally. A neurological examination of the lower extremities noted there was diminished sensation to pinprick and light touch at L4, L5 and S1 dermatomes bilaterally and that there was diminished strength at L2, L3, L4, L5 and S1 bilaterally. The treatment plan noted that the injured worker was waiting to receive a TENS (Transcutaneous Electric Nerve Stimulation) unit with supplies for home use and a hot and cold unit. The Request for Authorization form was not provided within available documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **2 MONTH SUPPLY OF LEAD WIRES:** 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 ELECTROTHERAPY).

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

**Decision rationale:** The request for 2 month supply of lead wires is non-certified. The California MTUS Guidelines do not recommend transcutaneous electrical nerve stimulation as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program evidence-based functional restoration if particular criteria are met. This criteria includes documentation of pain of at least 3 months, evidence that other pain modalities have been tried and failed and there is a treatment plan provided which includes specific short and long term goals of treatment. There is a lack of evidence within the available documentation that the injured worker meets the criteria for a TENS unit. As this patient does not meet the criteria for the use of a TENS unit, the requested 2 month supply of lead wires is not medically necessary and appropriate.

### **2 MONTH SUPPLY OF BATTERIES:** 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 ELECTROTHERAPY).

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

**Decision rationale:** The request for 2 month supply of batteries is non-certified. The California MTUS Guidelines do not recommend transcutaneous electrical nerve stimulation as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program evidence-based functional restoration if particular criteria are met. This criteria includes documentation of pain of at least 3 months, evidence that other pain modalities have been tried and failed and there is a treatment plan provided which includes specific short and long term goals of treatment. There is a lack of evidence within the available documentation that the injured worker meets the criteria for a TENS unit. As this patient does not meet the criteria for the use of a TENS unit, the requested 2 month supply of batteries is not medically necessary and appropriate.

## **2 MONTH SUPPLIES OF ELECTRODES:** 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 ELECTROTHERAPY).

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

**Decision rationale:** The request for 2 month supplies of electrodes is non-certified. The California MTUS Guidelines do not recommend transcutaneous electrical nerve stimulation as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program evidence-based functional restoration if particular criteria are met. This criterion includes documentation of pain of at least 3 months, evidence that other pain modalities have been tried and failed and there is a treatment plan provided which includes specific short and long term goals of treatment. There is a lack of evidence within the available documentation that the injured worker meets the criteria for a TENS unit. As this patient does not meet the criteria for the use of a TENS unit, the requested 2 month supplies of electrodes is not medically necessary and appropriate.