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| <b>Case Number:</b>   | CM14-0015610 |                              |            |
| <b>Date Assigned:</b> | 02/28/2014   | <b>Date of Injury:</b>       | 03/01/2012 |
| <b>Decision Date:</b> | 06/30/2014   | <b>UR Denial Date:</b>       | 01/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/07/2014 |

### 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 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 and depression reportedly associated with an industrial injury of March 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; proton pump inhibitors; muscles relaxants; adjuvant medications; trigger point injections; MRI imaging of the lumbar spine of January 10, 2013, notable for an L5-S1 annular tear and 5 mm disk protrusion; a TENS unit; a cane, and a lumbar support. In a utilization review report dated, January 24, 2014, the claims administrator denied a request for TENS unit pads. The applicant's attorney subsequently appealed. A November 21, 2013 progress note is notable for comments that the applicant was not working, the applicant was ambulating with the aide of a cane. It was stated that the applicant not receiving any complaints. The applicant stated that she was able to do light cooking and cleaning. Her pain ranged from 6 to 8/10. The applicant was having elements of stress and depression, it was stated. The applicant was also having difficulty sleeping. The applicant was asked to employ Lidoderm patches, Neurontin, Naprosyn, and Prilosec. Electrodiagnostic testing was sought. The applicant was asked to follow up with psychiatrist to obtain refills of Desyrel and Effexor. On October 22, 2013, the applicant again reported 7 to 8/10 pain. The applicant was doing only minimal chores. The applicant stated that she was able to make sandwich for herself at times. The applicant remains depressed, she stated. A TENS unit was sought. It was stated that the applicant's former TENS unit had been dropped in a toilet and had stopped working owing to the water exposure. A variety of medications including tramadol, Neurontin, Naprosyn, and Prilosec were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS(TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) PADS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF TENS Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit and/or derivative supplies such as the pads being sought here beyond a one-month trial should be predicated on favorable outcomes in terms of pain relief and function through the aforementioned one-month trial of the same. In this case, however, the applicant has previously received a TENS unit. The applicant has, however, failed to effect any clear cut improvements in pain and/or function as defined in MTUS 97922.20f through prior usage of the TENS unit. The applicant remains off of work. The applicant remains highly reliant and highly dependent on various forms of medications and medical treatment including office visit with multiple providers, adjuvant medications such as Neurontin, opioids agents such as tramadol, NSAIDs such as Naprosyn, muscles relaxants such as Flexeril, 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 device in question. Therefore, the request for the derivative TENS unit supplies are not medically necessary.