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| <b>Case Number:</b>   | CM14-0132796 |                              |            |
| <b>Date Assigned:</b> | 08/22/2014   | <b>Date of Injury:</b>       | 11/09/2007 |
| <b>Decision Date:</b> | 09/24/2014   | <b>UR Denial Date:</b>       | 07/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 60-year-old male who has submitted a claim for orthopedic injuries, neurological disorders, psychiatric disorder, urologic complaints, viral pneumonia with recurrent bronchitis, toxic exposures, hypertension with adequate control on a multi-drug regimen and left ventricular diastolic dysfunction, sudden left-sided visual loss, chest pain/shortness of breath not due to cardiac ischemia, and sleep disorder associated with an industrial injury date of November 9, 2007. Medical records from 2013-2014 were reviewed. The patient complained of slow evolution of problems in the neck, bilateral shoulders, bilateral upper extremities, low back, and bilateral knees. He has problematic pain and neuropathic symptoms. Recent physical examination findings as well as imaging studies were not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, TENS unit, bilateral ulnar nerve repair, left knee surgery, venous stripping of the left lower extremity, right thumb surgery. Utilization review, dated July 22, 2014, denied the request for electrode gel 2 pr (x2), and battery power pack 4.5V 2 ea because there was lack of pertinent clinical information making it impossible for a reviewer to apply MTUS guidelines and determine the medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRODE GEL 2 PR X2 RETROSPECTIVE DOS 6/19/14;; 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 TENS Page(s): 114-116.

**Decision rationale:** As stated on page 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. The requested supplies are presumably for a TENS unit. An evaluation dated December 17, 2013 states that he uses a home TENS unit. However, there had been no documentation regarding its use as well as the outcomes in terms of pain relief and functional improvement. There were no notes describing the rationale behind this request. The patient's functional and medical condition in relation to the service date was not available. Also, the present request failed to specify the use of such as well as the body part to be treated. Therefore, the request for Electrode Gel 2 PR X2 Retrospective DOS 6/19/14 is not medically necessary.

**BATTERY POWER PACK 4.5V EA RETROSPECTIVE DOS 6/19/14;:** 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 TENS Page(s): 114-116.

**Decision rationale:** As stated on page 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. The requested supplies are presumably for a TENS unit. An evaluation dated December 17, 2013 states that he uses a home TENS unit. However, there had been no documentation regarding its use as well as the outcomes in terms of pain relief and functional improvement. There were no notes describing the rationale behind this request. The patient's functional and medical condition in relation to the service date was not available. Also, the present request failed to specify the use of such as well as the body part to be treated. Therefore, the request for Battery Power pack 4.5V each Retrospective DOS 6/19/14 is not medically necessary.