

<b>Case Number:</b>	CM14-0181999		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	07/23/2010
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Physical Medicine and 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:

This 52 year-old patient with occupation as a stocker sustained an injury on 7/23/10 while employed by [REDACTED]. Request(s) under consideration include TENS unit supplies (batteries) for 2 months (4 pack), TENS unit supplies (leadwires) for 2 months (1 pair), and TENS unit supplies (electrodes) for 2 months (16 units). Diagnoses include Lumbar strain/sprain/ radiculopathy/ displacement/ HNP. Unofficial MRI of the lumbar spine on 10/11/12 showed 3 mm disc bulge at L5-S1; Unofficial EMG/NCV showed L5-S1 radiculopathy. Conservative care has included medications, therapy, epidural steroid injections, Interferential unit, and modified activities/rest. Report of 7/25/14 noted the patient with chronic ongoing symptoms with limited lifting and ADL activities from pain along with mild depression and anxiety averaging 3-4/10. Request included TENS unit supplies. Report of 11/3/14 from the provider noted the patient with "Subjective complaints remain same." No objective exam was performed and office visit "primary purpose for counseling and coordination of care." The request(s) for TENS unit supplies (batteries) for 2 months (4 pack), TENS unit supplies (leadwires) for 2 months (1 pair), and TENS unit supplies (electrodes) for 2 months (16 units) were non-certified on 9/29/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**T ENS unit supplies (batteries) for 2 months (4 pack): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

**Decision rationale:** This 52 year-old patient with occupation as a stocker sustained an injury on 7/23/10 while employed by [REDACTED]. Request(s) under consideration include TENS unit supplies (batteries) for 2 months (4 pack), TENS unit supplies (leadwires) for 2 months (1 pair), and TENS unit supplies (electrodes) for 2 months (16 units). Diagnoses include Lumbar strain/sprain/ radiculopathy/ displacement/ HNP. Unofficial MRI of the lumbar spine on 10/11/12 showed 3 mm disc bulge at L5-S1; Unofficial EMG/NCV showed L5-S1 radiculopathy. Conservative care has included medications, therapy, epidural steroid injections, Interferential unit, and modified activities/rest. Report of 7/25/14 noted the patient with chronic ongoing symptoms with limited lifting and ADL activities from pain along with mild depression and anxiety averaging 3-4/10. Request included TENS unit supplies. Report of 11/3/14 from the provider noted the patient with "Subjective complaints remain same." No objective exam was performed and office visit "primary purpose for counseling and coordination of care." The request(s) for TENS unit supplies (batteries) for 2 months (4 pack), TENS unit supplies (leadwires) for 2 months (1 pair), and TENS unit supplies (electrodes) for 2 months (16 units) were non-certified on 9/29/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and medications, extensive physical therapy, epidurals, Interferential unit, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated supplies are not medically necessary. The TENS unit supplies (batteries) for 2 months (4 pack) are not medically necessary and appropriate.

**; TENS unit supplies (leadwires) for 2 months (1 pair);: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

**Decision rationale:** This 52 year-old patient with occupation as a stocker sustained an injury on 7/23/10 while employed by [REDACTED]. Request(s) under consideration include

TENS unit supplies (batteries) for 2 months (4 pack), TENS unit supplies (leadwires) for 2 months (1 pair), and TENS unit supplies (electrodes) for 2 months (16 units). Diagnoses include Lumbar strain/sprain/ radiculopathy/ displacement/ HNP. Unofficial MRI of the lumbar spine on 10/11/12 showed 3 mm disc bulge at L5-S1; Unofficial EMG/NCV showed L5-S1 radiculopathy. Conservative care has included medications, therapy, epidural steroid injections, Interferential unit, and modified activities/rest. Report of 7/25/14 noted the patient with chronic ongoing symptoms with limited lifting and ADL activities from pain along with mild depression and anxiety averaging 3-4/10. Request included TENS unit supplies. Report of 11/3/14 from the provider noted the patient with "Subjective complaints remain same." No objective exam was performed and office visit "primary purpose for counseling and coordination of care." The request(s) for TENS unit supplies (batteries) for 2 months (4 pack), TENS unit supplies (leadwires) for 2 months (1 pair), and TENS unit supplies (electrodes) for 2 months (16 units) were non-certified on 9/29/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and medications, extensive physical therapy, epidurals, Interferential unit, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated supplies are not medically necessary. The TENS unit supplies (leadwires) for 2 months (1 pair) are not medically necessary and appropriate.

**TENS unit supplies (electrodes) for 2 months (16 units): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

**Decision rationale:** This 52 year-old patient with occupation as a stocker sustained an injury on 7/23/10 while employed by [REDACTED]. Request(s) under consideration include TENS unit supplies (batteries) for 2 months (4 pack), TENS unit supplies (leadwires) for 2 months (1 pair), and TENS unit supplies (electrodes) for 2 months (16 units). Diagnoses include Lumbar strain/sprain/ radiculopathy/ displacement/ HNP. Unofficial MRI of the lumbar spine on 10/11/12 showed 3 mm disc bulge at L5-S1; Unofficial EMG/NCV showed L5-S1 radiculopathy. Conservative care has included medications, therapy, epidural steroid injections, Interferential unit, and modified activities/rest. Report of 7/25/14 noted the patient with chronic ongoing symptoms with limited lifting and ADL activities from pain along with mild depression and anxiety averaging 3-4/10. Request included TENS unit supplies. Report of 11/3/14 from the

provider noted the patient with "Subjective complaints remain same." No objective exam was performed and office visit "primary purpose for counseling and coordination of care." The request(s) for TENS unit supplies (batteries) for 2 months (4 pack), TENS unit supplies (leadwires) for 2 months (1 pair), and TENS unit supplies (electrodes) for 2 months (16 units) were non-certified on 9/29/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and medications, extensive physical therapy, epidurals, Interferential unit, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated supplies are not medically necessary. The TENS unit supplies (electrodes) for 2 months (16 units) are not medically necessary and appropriate.