

<b>Case Number:</b>	CM14-0022334		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/22/2014

### 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 patient is a 42-year-old male who has submitted a claim for Cephalgia, Cervical Radiculitis Syndrome, Thoracic Spine Syndrome, and Lumbosacral Sciatic Syndrome, associated with an industrial injury date of January 7, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of headaches and severe pain on the right side of the back of his head accompanied by occasional nausea, blurring of vision, and ringing in the ears. He also complained of cervical spine pain radiating to both arms without numbness, tingling, or weakness. He also reported constant thoracic spine pain. He also complained of lumbosacral spine pain radiating to bilateral buttocks and posterior thighs without numbness, tingling, or weakness of the lower extremities. On physical examination, there was generalized tenderness of the head. Cranial nerves II to VII were intact. Cervical spine exam revealed tenderness in the posterior aspect and in the bilateral trapezius muscles and along the vertebral borders of bilateral scapulae. Range of motion was limited. No sensorimotor deficits of the upper extremities were noted. Cervical compression tests were negative. Thoracic spine examination revealed tenderness with slight limitation of range of motion. Lumbosacral spine exam showed limited range of motion and tenderness. Straight leg raise test was positive bilaterally. No sensorimotor deficits of the lower extremities were noted. Treatment to date has included medications, physical therapy, and electrical stimulation. Utilization review from January 23, 2014 denied the request for electrodes (purchase), lead wires (purchase), 9V battery (purchase), and TENS unit (purchase) because there was insufficient information provided to establish the medical necessity of the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRODES (PURCHASE): Upheld**

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

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

**Decision rationale:** The dependent request, TENS Unit (Purchase), was deemed not medically necessary. Therefore, the request for Electrodes (Purchase) is also not medically necessary.

**LEAD WIRES (PURCHASE): Upheld**

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

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

**Decision rationale:** The dependent request, TENS Unit (Purchase), was deemed not medically necessary. Therefore, the request for Lead Wires (Purchase) is also not medically necessary.

**9V BATTERY (PURCHASE): Upheld**

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

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

**Decision rationale:** The dependent request, TENS Unit (Purchase), was deemed not medically necessary. Therefore, the request for nine volt battery (Purchase) is also not medically necessary.

**TENS UNIT (PURCHASE): Upheld**

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

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

**Decision rationale:** According to pages 114-116 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality but a one-month home-based TENS trial may be

considered as a noninvasive conservative option. Criteria for the use of TENS unit include: (1) chronic intractable pain; (2) evidence that other appropriate pain modalities have been tried and failed; (3) a treatment plan including the specific short- and long-term goals of treatment with the TENS unit; and (4) a one-month trial period of the TENS unit should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and rental would be preferred over purchase during this trial. In this case, the medical records showed that electrical stimulation was used during physical therapy sessions. However, there was no documentation of treatment outcomes and how often the unit was used. Moreover, there was no discussion regarding failure of other treatment modalities. There was also no discussion regarding specific goals of TENS unit therapy. The criteria were not met. Therefore, the request for TENS Unit (Purchase) is not medically necessary.