

<b>Case Number:</b>	CM14-0076126		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 56 year old male employee with date of injury of 5/29/2012. A review of the medical records indicates that the patient is undergoing treatment for: Cervical spine myoligamentous injury; posttraumatic headaches, rule out traumatic brain injury; tight shoulder myoligamentous injury; lumbar spine herniated nucleus pulposus; secondary stress, anxiety and depression. Subjective complaints include constant cervical spine pain radiating to bilateral shoulders; headaches; decreased ROM. Objective findings include cervical tenderness, cervical paravertebral tenderness, cervical muscle spasm, upper bilateral trapezius muscle spasm, and positive straight leg raising test for both left and right; paravertebral muscle spasm, positive for both left and right; decreased sensation along posterior and anterior of leg. Imaging includes a MRI performed in July 2012 revealed multilevel disc herniation in lumbar region, foraminal stenosis, degenerative disc disease, and mild infraspinatus tendonitis and acromioclavicular osteoarthritis. MR arthogram performed in Aug., 2013 revealed a tear in supraspinatus tendon. EMG and NCV of lumbar region reveal acute C6 radiculopathy on the right and acute L5 radiculopathy on the left. Treatment has included PT, LINT treatment, Norco, Anaprox, FexMid, Prilosec and Topamax. The utilization review dated 5/6/2014 non-certified the request for purchase of TENS unit and all supplies (foam electrodes, lead wires, power pack, and adhesive pads to attach to the skin, adhesive remover towelettes) due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit, 1 month rental, right shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 195-252, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation [http://www.lgmedsupply.com/tensproducts.html?gclid=Cj0KEQjw1s-gBRCKwOKQ1sWonvsBEiQA8qALFdJ41xYQWlwCIVRPQYzz-GZi0f\\_a9HOJFMhhabBV3NwaAu268P8HAQ](http://www.lgmedsupply.com/tensproducts.html?gclid=Cj0KEQjw1s-gBRCKwOKQ1sWonvsBEiQA8qALFdJ41xYQWlwCIVRPQYzz-GZi0f_a9HOJFMhhabBV3NwaAu268P8HAQ).

**Decision rationale:** ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states, "Not recommended as an isolated intervention" and details the criteria for selection: -Pain is ineffectively controlled due to diminished effectiveness of medications; or -Pain is ineffectively controlled with medications due to side effects; or -History of substance abuse; or -Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or -Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." Parts of a TENS Unit include foam electrodes, lead wires, power pack, and adhesive pads to attach to the skin. Additional supplies may include adhesive remover towelettes. While the treating physician does detail a 20% decrease in pain with localized intense neurostimulation therapy (LINT), medical records do not indicate how long relief from LINT last, the patient has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures. The progress note from 4/17/14 notes that the patient is in physical therapy and acupuncture therapy but does not detail the results of those therapies. The request for sterile Interferential Unit, 1 month rental, right shoulder is not medically necessary.

**Sterile foam Electrodes Purchase Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints Page(s): 287-315; 195-252, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Non-MTUS [http://www.lgmedsupply.com/tensproducts.html?gclid=Cj0KEQjw1s-gBRCKwOKQ1sWonvsBEiQA8qALFdJ41xYQWlwCIVRPQYzz-GZi0f\\_a9HOJFMhhabBV3NwaAu268P8HAQ](http://www.lgmedsupply.com/tensproducts.html?gclid=Cj0KEQjw1s-gBRCKwOKQ1sWonvsBEiQA8qALFdJ41xYQWlwCIVRPQYzz-GZi0f_a9HOJFMhhabBV3NwaAu268P8HAQ).

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**Non- Sterile 2" round Elec #3 Packs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 287-315; 195-252,Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation [http://www.lgmedsupply.com/tensproducts.html?clid=Cj0KEQjw1s-gBRCKwOKQ1sWonvsBEiQA8qALFdJ41xYQWlwCIVRPQYzz-GZI0f\\_a9HOJFMhhabBV3NwaAu268P8HAQ](http://www.lgmedsupply.com/tensproducts.html?clid=Cj0KEQjw1s-gBRCKwOKQ1sWonvsBEiQA8qALFdJ41xYQWlwCIVRPQYzz-GZI0f_a9HOJFMhhabBV3NwaAu268P8HAQ).

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conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures. The progress note from 4/17/14 notes that the patient is in physical therapy and acupuncture therapy but does not detail the results of those therapies. The request for Non- Sterile 2" round Elec #3 Packs is not medically necessary.

**TT&SS leadwire #1 Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints Page(s): 287-315; 195-252, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation

[http://www.lgmedsupply.com/tensproducts.html?gclid=Cj0KEQjw1s-gBRCKwOKQ1sWonvsBEiQA8qALFdJ41xYQWlwCIVRPQYzz-GZIOf\\_a9HOJFMhhabBV3NwaAu268P8HAQ](http://www.lgmedsupply.com/tensproducts.html?gclid=Cj0KEQjw1s-gBRCKwOKQ1sWonvsBEiQA8qALFdJ41xYQWlwCIVRPQYzz-GZIOf_a9HOJFMhhabBV3NwaAu268P8HAQ).

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**Power Pack #12 Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 287-315; 195-252, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-

116, 118-120. Decision based on Non-MTUS Citation

[http://www.lgmedsupply.com/tensproducts.html?gclid=Cj0KEQjw1s-gBRCKwOKQ1sWonvsBEiQA8qALFdJ41xYQWlwCIVRPQYzz-GZi0f\\_a9HOJFMhhabBV3NwaAu268P8HAQ](http://www.lgmedsupply.com/tensproducts.html?gclid=Cj0KEQjw1s-gBRCKwOKQ1sWonvsBEiQA8qALFdJ41xYQWlwCIVRPQYzz-GZi0f_a9HOJFMhhabBV3NwaAu268P8HAQ).

**Decision rationale:** ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states, "Not recommended as an isolated intervention" and details the criteria for selection: -Pain is ineffectively controlled due to diminished effectiveness of medications; or -Pain is ineffectively controlled with medications due to side effects; or -History of substance abuse; or -Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or -Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." Parts of a TENS Unit include foam electrodes, lead wires, power pack, and adhesive pads to attach to the skin. Additional supplies may include adhesive remover towelettes. While the treating physician does detail a 20% decrease in pain with localized intense neurostimulation therapy (LINT), medical records do not indicate how long relief from LINT last, the patient has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures. The progress note from 4/17/14 notes that the patient is in physical therapy and acupuncture therapy but does not detail the results of those therapies. The request for Power Pack #12 Purchase is not medically necessary.

**Adhesive Remover Towel Mint #16: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 287-315; 195-252, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation

[http://www.lgmedsupply.com/tensproducts.html?gclid=Cj0KEQjw1s-gBRCKwOKQ1sWonvsBEiQA8qALFdJ41xYQWlwCIVRPQYzz-GZi0f\\_a9HOJFMhhabBV3NwaAu268P8HAQ](http://www.lgmedsupply.com/tensproducts.html?gclid=Cj0KEQjw1s-gBRCKwOKQ1sWonvsBEiQA8qALFdJ41xYQWlwCIVRPQYzz-GZi0f_a9HOJFMhhabBV3NwaAu268P8HAQ).

**Decision rationale:** ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states, "Not recommended as an isolated intervention" and details the criteria for selection: -Pain is ineffectively controlled due to diminished effectiveness of medications; or -Pain is ineffectively controlled with medications due to side effects; or -History of substance abuse; or -Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or -Unresponsive to

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