

<b>Case Number:</b>	CM14-0116793		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker (IW) is a 55 year old male, who sustained an industrial injury on September 7, 2010. He has reported low back pain radiating into the left lower extremity with associated numbness and tingling and was diagnosed with lumbar spine strain/sprain, lumbar degenerative disc disease, left knee pain, left knee repair. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit, pain medications, treatment modalities and work duty modifications. Currently, the IW complains of low back pain extending to both sides of the waist and radiating into the lower left extremity with associated numbness and tingling. The injured worker reported an industrial injury in 2010, resulting in chronic low back pain and left lower extremity pain with radiculopathy. It was noted the injured worker had multiple work related injuries since 1983 including a head injury and repetitive knee trauma resulting in multiple surgical interventions. In 2010, he reported pain in his low back and left leg. He was treated with steroid injections, pain medications, acupuncture and physical therapy. The pain continued but he continued to work with modified duties. On February 18, 2014, evaluation revealed continued pain. It was noted he needed to follow up with an orthopedic physician to determine the need for possible back surgery. On July 1, 2014, Utilization Review non-certified a request for replacement TENS pads and batteries, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On July 21, 2014, the injured worker submitted an application for IMR for review of requested TENS pads and batteries.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Replacement TENS pads:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9.

**Decision rationale:** FILE NUMBER: CM14-0116793CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 7, 2010. In a Utilization Review Report dated July 1, 2014, the claims administrator failed to approve a request for TENS unit pads and batteries. The claims administrator stated that its determination was based on progress notes of May 1, 2014 and June 24, 2014. The claims administrator contented that the applicant had been using TENS unit since 2013 and had reportedly failed to profit from the same. The applicant's attorney subsequently appealed. In an RFA form dated June 24, 2014, unspecified medications were refilled owing to flare of pain. In a May 1, 2014, progress note, the attending provider stated that the applicant had returned to work as a lieutenant with [REDACTED]. The applicant was asked to employ Norco and Naprosyn on as needed basis. The attending provider stated that the applicant was working 10 hours a day, 4 days a week, was performing activities which included gripping, grasping, bending, stooping, carrying, etc. The applicant was able to perform most activities of daily living despite ongoing issues with chronic low back pain. The applicant was able to overcome his symptoms of back pain and continue working, it was acknowledged. The applicant was apparently declared permanent and stationary. The applicant was seemingly given 6% whole person impairment rating. REFERRAL QUESTIONS: 1. Yes, the request for replacement TENS unit pads was medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one month trial and, by implication, provision of associated supplies such as pads such as issue should be predicated on an evidence of favorable outcome during the said one month trial, in terms of both pain relief and function. Here, the applicant has apparently returned to and maintained full-time work status, the treating provider has posited, the applicant is able to perform various activities of daily living, including gripping, grasping, lifting, bending, performing various police activities as a police lieutenant, etc. The applicant is only using medications such as Norco and Naprosyn quite sparingly. The information on file suggests that the applicant has not presented to a treating provider on a regular basis for medication refills. All of the foregoing, taken together, do imply that the applicant has effected a favorable outcome through usage of TENS units since 2013. Therefore, the request for associated replacement TENS pads was medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, pages 116, Criteria for use of TENS topic.

**Replacement TENS batteries:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9.

**Decision rationale:** 2. Similarly, the request for replacement TENS batteries was likewise medically necessary, medically appropriate and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond the initial one month trial should be predicated on evidence of a favorable outcome during the said one month trial, in terms of both pain relief and function. Here, the applicant has demonstrated prima facie evidence of functional improvement as defined in MTUS 9792.20f by maintaining regular duty work status. The applicant is only using medications such as Norco and Naprosyn quite sparingly. All of the foregoing, taken together, does suggest presence of ongoing functional improvement as defined in MTUS 9792.20f through usage of the TENS unit. Therefore, the request for provision of replacement TENS batteries was medically necessary. REFERENCES: 1. MTUS Chronic Pain Medical Treatment Guidelines, pages 116, Criteria for use of TENS topic. 2. MTUS 9792.20f.