

<b>Case Number:</b>	CM14-0195295		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	09/11/2000
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Internal 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 injured worker (IW) is a 60-year-old woman with a date of injury of September 11, 2000. The mechanism of injury was not documented in the medical record. The current working diagnoses include thoracic spondylosis; chronic pain syndrome; and myofasciitis. Pursuant to the Primary Treating Physician's Progress Report dated October 15, 2014, the IW complains of lumbosacral pain, and mid thoracic pain rated 2-7/10. Lumbar pain is rated 3-8/10. On exam, the IW has antalgic gait. Palpable bilateral thoracic and lumbar spine spasms noted. 2+ trigger point noted with T8-T9 with "twitch" and radiating pain. 1+ spasm noted at L5-S1. There is pain with bilateral rotation. There is point tenderness over the lumbar spine and at T9. Decreased lumbar spine range of motion noted. The provider documents that the IW is taking Hydrocodone/APAP only for "flares" that are not responding to home care. The IW uses TENS regularly with supplies. The provider is requesting authorization for 96 pairs of TENS electrodes, and 72 AAA batteries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(96) Pairs of TENS Electrodes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #96 pairs of TENS electrodes are not medically necessary. Criteria for the use of TENS are enumerated in the Official Disability Guidelines. See guidelines for details. In this case, the injured worker has been using the Tens unit for the lumbosacral and thoracic deep tissue spasm. The injured worker is requesting 96 pairs of electrodes. There is no clinical rationale in the medical record documenting why #96 pairs of electrodes clinically indicated. Consequently, absent the appropriate clinical rationale for the 96 pairs of electrodes, 96 pairs of tens electrodes are not medically necessary.

**(72) AAA batteries:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #72 AAA batteries are not medically necessary. The criteria for the use of TENS are remunerated in the Official Disability Guidelines. See guidelines for details. In this case, the injured worker has been using the TENS unit for lumbosacral and thoracic tissue spasm. The injured worker is requesting #72 AAA batteries. Although the injured worker has success with pain relief using the TENS unit, there is no clinical rationale the medical record documenting why #72 AAA batteries are required in a single request. Consequently, absent the appropriate clinical rationale explaining the number of batteries requested, #72 AAA batteries are not medically necessary.