

<b>Case Number:</b>	CM15-0010216		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 61 year old female, who sustained an industrial injury, May 18, 2012. The injured worker was undergoing treatment for depressive disorder, anxiety, retrolisthesis at L4-L5, severe discogenic changes with disc degeneration at L4-L5 and L5-S1, moderate to severe foraminal stenosis bilaterally at ZL4-L5 and L5-S1 with facet arthropathy, radiculopathy and or radiculitis. According to progress note of December 8, 2014, the injured worker's chief complaint was back and leg pain, worse on the left than the right. The pain was rated at 6-8 out of 10. The physical exam noted the injured worker walked with a cane. The injured worker was having substantial difficulty with moving the left leg. There was pain on palpation over the L4-L5 and L5-S1 area. There were palpable spasms noted. There was decreased range of motion due to pain. The injured worker found the TENS unit was helpful. The injured worker previously received the following treatments physical therapy, anti-inflammatory medications, chiropractic services, acupuncture therapy, left L4-L5 and L5-S1 discectomy on November 12, 2013 with initial improvement, unfortunately now the subsequent worsening and bilateral L4-L5 and L5-S1 transforaminal epidural injection was performed on September 1, 2014, the injured worker reported a 50% improvement, Norco, Celexa, Lyrica, Famotidine, Omeprazole and Colace. The RFA (request for authorization) dated December 5, 2014; the following treatments were requested TENS (transcutaneous electrical nerve stimulator) unit electrode patches, 4 patches. The UR (utilization review board) denied certification on December 17, 2014; for the TENS (transcutaneous electrical nerve stimulator) unit electrode patches, 4 patches.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS electrode patches, 4 patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** 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 opiate analgesics and other medication, extensive physical therapy, 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 for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The TENS electrode patches, 4 patches is not medically necessary and appropriate.