

<b>Case Number:</b>	CM15-0133756		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	12/26/2010
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 57 year old female, who sustained an industrial injury, December 26, 2010. The injured worker previously received the following treatments lumbar spine without contrast, home exercise program, topical compound cream, Cyclobenzaprine, Lidoderm Patches, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities were normal and back brace. The injured worker was diagnosed with chronic low back pain, multilevel lumbar degenerative, degenerative disc disease, rule out SU dysfunction, osteoarthritis, right arm weakness, status post arthroscopic shoulder surgery, myofascial pain, insomnia, low back strain syndrome, Grade 1 spondylosis, right shoulder derangement and depressive difficulties. According to progress note of April 6, 2015, the injured worker's chief complaint was right shoulder and low back pain. The physical exam noted the injured worker had impaired range of motion of the right shoulder and low back. The treatment plan included TENS (transcutaneous electrical nerve stimulator) unit and supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit rental for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114, 116.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted for review supports a TENS unit trial, however, as the request is for a three month rental, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for 1 month rental. Therefore the request is not medically necessary.

**Electrodes x6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME).

**Decision rationale:** The Official Disability Guidelines state that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. As the requested TENS unit was not medically necessary, the requested electrodes are not medically necessary. It should be noted that the UR physician has certified a one month supply of electrodes.

**Batteries x12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME).

**Decision rationale:** The Official Disability Guidelines state that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. As the requested TENS unit was not medically necessary, the requested batteries are not medically necessary. It should be noted that the UR physician has certified a modification of the request for one month supply of batteries.

**Skin prep pads x3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME).

**Decision rationale:** The Official Disability Guidelines state that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. As the requested TENS unit was not medically necessary, the requested skin prep pads are not medically necessary. It should be noted that the UR physician has certified a modification of the request for 1 month supply of skin prep pads.