

<b>Case Number:</b>	CM15-0134511		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	10/23/1997
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/30/2015
<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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 is a 63-year-old female who sustained a repetitive industrial injury on 10/23/1997. The injured worker was diagnosed with chronic sprain/strain, lumbar spine degenerative disc disease and lumbar radiculopathy. The injured worker has a medical history of pseudo idiopathic thrombocytopenic purpura (ITP). The injured worker is status post bilateral total knee arthroplasty in 2008 and right total hip arthroplasty in 2012. Treatment to date has included diagnostic testing, lumbar epidural steroid injections, massage therapy (12 sessions), physical therapy (20 sessions), transcutaneous electrical nerve stimulation (TEN's) unit, cane, rolling walker, shower bench, lift chair, bedside convertible toilet, heat/ice packs and medications. According to the primary treating physician's progress report on June 12, 2015, the injured worker continues to experience progressive lower back pain radiating to the right leg and foot associated with numbness, tingling and weakness. The injured worker rates her average pain level at 6-8/10. Evaluation revealed a right antalgic steppage and circumduction gait with the use of a four wheeled roller walker. The injured worker was unable to perform heel or toe walking. Examination of the lumbar spine demonstrated tenderness to palpation over the paraspinal muscles with range of motion noted at flexion 10/60 degrees, extension and bilateral lateral bend at 0/25 degrees each. Range of motion produced pain in all planes particularly flexion. Straight leg raise and Patrick's tests were negative bilaterally. Deep tendon reflexes were 0/4 in the bilateral knees and ankles. Motor strength was 4/5 in the right hip flexor, right knee extensor, right ankle dorsiflexor and right extensor hallucis longus muscle and 2/5 in the left ankle plantar flexion. Motor strength was documented as 5/5 on the left hip flexor, right knee extensor, right ankle dorsiflexor and right extensor hallucis longus muscle and right ankle plantar flexion. Sensory of the bilateral lower extremities was grossly intact to light touch and pinprick except slightly diminished in the right lateral calf. Current medications are listed as Amrix ER, Ibuprofen, Trazodone, Lexapro and Prilosec. Treatment plan consists of continuing with

medication regimen, home exercise program, assistive devices for ambulation and in-home care devices, ice/heat packs, transcutaneous electrical nerve stimulation (TEN's) unit and the current request for twenty-four (24) 4-Pack Disposable Large Electro Pads.

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

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

#### **24 4-Pack of Disposable Large Electro Pads: Upheld**

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

**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) and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of TENS patches, but does address TENS unit. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as: durable and can withstand repeated use-used for a medical reason, not usually useful to someone who isn't sick or injured-appropriate to be used in your home. While TENs patches do meet criteria as durable medical equipment, the medical notes do not establish benefit from ongoing usage of a TENs unit. The request as written is for 1 year's worth of pads which is excessive and there is not interment evaluation to continue determined ongoing improvement. The patient has follow up in 8 weeks with this provider. The UR modified the request to 6, 4-packs which is reasonable. As such, the request for 24, 4-Pack of Disposable Large Electro Pads is not medically necessary.