

<b>Case Number:</b>	CM15-0143808		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	07/26/2001
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 is a 60-year-old female, who sustained an industrial injury on 7-26-2001. She reported injury to the left ankle, left knee and low back from stepping on loose stone. Diagnoses include lumbar facet joint pain, degenerative disc disease, stenosis, radiculitis, myofascial pain, anxiety, and left knee patellofemoral syndrome. Treatments to date include Ibuprofen, Naproxen, Xanax, chiropractic therapy, and TENS unit use in the home. Currently, she complained of pain in the low back and left knee. On 6-1-15, the physical examination documented lumbar tenderness with decreased range of motion. There was tenderness to lumbar facet joints. The straight leg raise test was positive in the left side. The left knee was tender with swelling and limited range of motion. The plan of care included a request to authorize a new replacement TENS unit purchase and supplies including electrodes and pads purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrodes and pads purchase:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 116.

**Decision rationale:** Based on the 07/03/15 progress report provided by treating physician, the patient presents with low back that radiates to the left buttocks, and left knee pain. The request is for electrodes and pads purchase. RFA with the request not provided. Patient's diagnosis on 07/03/15 includes chronic low back pain with intermittent lumbar radiculitis, lumbar spinal stenosis, lumbar degenerative disc disease, lumbar discogenic pain, and left knee patellofemoral syndrome. Lumbar MRI dated 10/23/06, per 07/03/15, report demonstrates "multilevel degenerative disease, worst on the left at L3-4 where a lateral disc protrusion produces mild impression on the left L3 root, Central right paracentral protrusion at L4-5, and bilateral foraminal encroachment by osteophytic spurring at L5-S1 but no direct root compression is seen." Treatment to date has included imaging studies, TENS, chiropractic and medications. Patient's medications include Lyrica, Xanax and Naproxen. Patient's work status not provided. The patient is permanent and stationary, per 03/14/07 report. Treatment reports provided from 03/14/15 - 07/03/15.MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Per progress report dated 01/30/12, treater states that according to report by another MD "A TENS unit was described as having been underway since 2003, but was no longer working and a new one was requested. Pain symptoms were described as improved with treatments involving injections, therapy exercises, the TENS unit and general range of motion activities." Progress report dated 02/01/15 states the patient "is using TENS daily with pain relief." Treater states in 07/03/15 report that the patient "continues to have spasms that improved with TENS, however her TENS is no longer working. She would like a new TENS unit, which she was using daily for pain control. We recommend a new TENS unit. She has used TENS for treatment of her back pain and myalgia. Her TENS unit is no longer functional. It was purchased by her work comp insurance and considered medically necessary." In this case, the patient has used TENS unit in the past. Given the impact of this treatment modality on pain, the request for electrodes and pads for the replacement TENS unit appears reasonable. Therefore, the request is medically necessary.

**New TENS unit purchase:** Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 116.

**Decision rationale:** Based on the 07/03/15 progress report provided by treating physician, the patient presents with low back that radiates to the left buttocks, and left knee pain. The request is for new TENS unit purchase. RFA with the request not provided. Patient's diagnosis on 07/03/15 includes chronic low back pain with intermittent lumbar radiculitis, lumbar spinal stenosis, lumbar degenerative disc disease, lumbar discogenic pain, and left knee patellofemoral

syndrome. Lumbar MRI dated 10/23/06, per 07/03/15, report demonstrates "multilevel degenerative disease, worst on the left at L3-4 where a lateral disc protrusion produces mild impression on the left L3 root, Central right paracentral protrusion at L4-5, and bilateral foraminal encroachment by osteophytic spurring at L5-S1 but no direct root compression is seen." Treatment to date has included imaging studies, TENS, chiropractic and medications. Patient's medications include Lyrica, Xanax and Naproxen. Patient's work status not provided. The patient is permanent and stationary, per 03/14/07 report. Treatment reports provided from 03/14/15 - 07/03/15. MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Per progress report dated 01/30/12, treater states that according to report by another MD "A TENS unit was described as having been underway since 2003, but was no longer working and a new one was requested. Pain symptoms were described as improved with treatments involving injections, therapy exercises, the TENS unit and general range of motion activities." Progress report dated 02/01/15 states the patient "is using TENS daily with pain relief." Treater states in 07/03/15 report that the patient "continues to have spasms that improved with TENS, however her TENS is no longer working. She would like a new TENS unit, which she was using daily for pain control. We recommend a new TENS unit. She has used TENS for treatment of her back pain and myalgia. Her TENS unit is no longer functional. It was purchased by her work comp insurance and considered medically necessary." In this case, the patient has used TENS unit in the past. Given the impact of this treatment modality on pain, the request for replacement TENS unit appears reasonable. Therefore, the request is medically necessary.