

<b>Case Number:</b>	CM15-0182598		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Emergency Medicine

### 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 62 year old male, who sustained an industrial injury, March 25, 2011. The injured worker was undergoing treatment for right carpal tunnel syndrome, moderate to severe degenerative disc disease and moderate spondylosis of the lumbar spine at L4-L5 as well as right side disc bulge at L1-L2 associated with right and possible left lower extremity radiculitis. According to the progress note of May 21, 2015; the injured worker's pain was managed in the lower back and the injured worker was more active. According to progress note of August 21, 2015; the injured worker's chief complaint was right wrist and hand pain. The injured worker was also seen for lower back pain. The injured worker attributed the pain in the right wrist from a single crutch and cane use from low back pain. The injured worker had associated numbness and tingling in the palm of the right hand, which extended into the right thumb, index finger and long finger. The TENS (transcutaneous electrical nerve stimulator) unit helped to manage the low back pain. The physical exam noted a moderately right antalgic gait with a very wide based gait with a crutch. There was moderate tenderness in the right wrist with decreased range of motion. The lumbar spine noted decreased range of motion. The injured worker wore an elastic lumbar belt. There was minimal tenderness with palpation over the right sciatic nerve, none on the left. The majority of the pain was described as being deeper than on the surface mainly on the right side and in the midline. The injured worker previously received the following treatments right wrist x-rays which were unremarkable, TENS (transcutaneous electrical nerve stimulator) unit, Norco, Butrans patches, physical therapy and chiropractic treatments without benefit. The RFA (request for authorization) dated the following treatments

were requested TENS (transcutaneous electrical nerve stimulator) unit electrode patches and 9 volt batteries for a 3 month supply. The UR (utilization review board) denied certification on September 3, 2015; for TENS (transcutaneous electrical nerve stimulator) unit electrode patches and 9 volt batteries for a 3 month supply.

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

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

#### **Electrode patches for TENS unit 3-month supply: 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): Electrical stimulators (E-stim).

**Decision rationale:** The requested Electrode patches for TENS unit 3-month supply is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has lower back pain. The injured worker attributed the pain in the right wrist from a single crutch and cane use from low back pain. The injured worker had associated numbness and tingling in the palm of the right hand, which extended into the right thumb, index finger and long finger. The TENS (transcutaneous electrical nerve stimulator) unit helped to manage the low back pain. The physical exam noted a moderately right antalgic gait with a very wide based gait with a crutch. There was moderate tenderness in the right wrist with decreased range of motion. The lumbar spine noted decreased range of motion. The injured worker wore an elastic lumbar belt. There was minimal tenderness with palpation over the right sciatic nerve, none on the left. The majority of the pain was described as being deeper than on the surface mainly on the right side and in the midline. The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, Electrode patches for TENS unit 3-month supply is not medically necessary.

#### **9 Volts Batteries for 3-month supply: 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): Electrical stimulators (E-stim).

**Decision rationale:** The requested 9 Volts Batteries for 3-month supply is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous

electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has lower back pain. The injured worker attributed the pain in the right wrist from a single crutch and cane use from low back pain. The injured worker had associated numbness and tingling in the palm of the right hand, which extended into the right thumb, index finger and long finger. The TENS (transcutaneous electrical nerve stimulator) unit helped to manage the low back pain. The physical exam noted a moderately right antalgic gait with a very wide based gait with a crutch. There was moderate tenderness in the right wrist with decreased range of motion. The lumbar spine noted decreased range of motion. The injured worker wore an elastic lumbar belt. There was minimal tenderness with palpation over the right sciatic nerve, none on the left. The majority of the pain was described as being deeper than on the surface mainly on the right side and in the midline. The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, 9 Volts Batteries for 3-month supply is not medically necessary.