

<b>Case Number:</b>	CM15-0197377		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	04/29/2002
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Preventive Medicine, Occupational 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:

This is a 55-year-old female with a date of industrial injury 4-29-2002. The medical records indicated the injured worker (IW) was treated for degeneration of lumbar or lumbosacral intervertebral disc; lumbosacral spondylosis without myelopathy; myalgia and myositis, unspecified; and other and unspecified disc disorder of lumbar region. In the progress notes (8-25-15), the IW reported neck, upper and lower back pain rated 8 out of 10. She rated her best pain 5 out of 10 and worst pain 10 out of 10. This was unchanged from her last two visits. Medications included Oxycodone 5mg 4 times daily, Zanaflex 4mg 3 times daily as needed and Zolpidem 10mg nightly; the provider was attempting to wean the IW from Oxycodone by decreasing her dosage to 3 tablets per day as needed and changing Zolpidem to Trazodone 50mg nightly as needed. The IW was permanent, stationary, and able to work with modifications. She was not currently in any therapy. On examination (7-28-15 and 8-25-15 notes), there was some loss of curvature of the cervical and lumbar spine and ranges of motion were 75% of expected. Trigger points were present in the paravertebral muscles. Deep tendon reflexes were 1 out of 4 throughout the upper and lower extremities except the Achilles, which were absent bilaterally. Treatments included medications, trigger point injections (with 50% relief lasting 4 to 6 weeks), cervical medial branch nerve blocks (2010) and radiofrequency neurotomies (2007 and 2010), chiropractic therapy (with benefit) and physical therapy (made her pain worse). She was previously attending a functional restoration program and doing well, but had to leave the program due to illness and deaths in the family; she planned on returning to the program. Notes on 9-22-15 stated the IW returned to the FRP on that date. Electrodiagnostic testing in 2004 showed "no sign of lumbar radiculopathy or peripheral neuropathy". A

Request for Authorization was received for TENS unit electrodes (6 month supply). The Utilization Review on 9-28-15 non-certified the request for TENS unit electrodes (6 month supply).

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

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

**TENS Unit Electrodes (6 month supply): Upheld**

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

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

**Decision rationale:** MTUS Guidelines have very specific criteria to support the long-term use of a TENS unit. These criteria include a 30 day home trial with rental of a TENS unit and careful documentation of use patterns, functional benefits and impacts on other treatments (medication use etc). No such documentation is found in the medical records reviewed. There is no documentation of use patterns, functional benefits or diminished need for alternative treatments. There are no unusual circumstances to justify an exception to the Guideline recommendations. The TENS Unit Electrodes (6-month supply) is not supported by Guidelines and is not medically necessary.