

<b>Case Number:</b>	CM15-0203463		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application</b>	10/15/2015

### **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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 29 year old female who sustained an industrial injury on 10-23-13. She is working 2 jobs. The medical records indicate the injured worker is being treated for posttraumatic stress disorder; major depressive disorder; alcohol abuse. She currently (7-30-15) complains of some low back pain with a pain level of 7 out of 10. She has sleep disturbances and alcohol issues. Her medications are withheld by treating provider when she is drinking and alcoholics anonymous have been recommended several times. On 8-18-15 she continued to complain of headaches, she hears voices and has back pain. The 9-9-15 progress note references transcutaneous electrical nerve stimulator patch but the note is handwritten and illegible in part. Treatments to date include medication: mirtazapine, naproxen, gabapentin, omeprazole, trazodone, LidoPro ointment; back brace. The request for authorization dated 9-9-15 was for transcutaneous electrical nerve stimulator patch times 2 pairs. The benefit of transcutaneous electrical nerve stimulator unit was not present. On 9-23-15 Utilization Review non-certified the request for transcutaneous electrical nerve stimulator patches times 2 pair (lumbar, cervical spine and shoulder).

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

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

**TENS Patches x2 pair (Lumbar, Shoulder and Cervical Spine): Overturned**

**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:** The claimant sustained a work injury in October 2013 as the result of an assault. She continues to be treated for chronic pain, depression, PTSD, and alcohol abuse. When seen, she was having severe pain and had been taking naproxen 2-3 times per day. Medications were helping with pain by 30-40%. She was using a TENS unit which was helpful. Physical examination findings included lumbar tenderness with muscle spasms. Medications were refilled. The claimant was advised to take Naproxen as instructed. A trial of Lidopro was started. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1-3 months at a minimum. In this case, the claimant already uses TENS and the fact the pads need to be replaced is consistent with its continued use and efficacy. The quantity being requested is appropriate and medically necessary.