

<b>Case Number:</b>	CM15-0024849		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 46 year old female, who sustained an industrial injury on September 30, 2013. She has reported neck pain radiating to the shoulders and down to the thoracic spine. The diagnoses have included multilevel cervical spine degenerative disc disease, thoracic spine degenerative disc disease, and right shoulder adhesive capsulitis. Treatment to date has included TENS, physical therapy, two shoulder injections, deep tissue massage, and medications. Currently, the injured worker complains of cervical and thoracic pain, with back, neck, and shoulder pain. The Treating Provider's report dated November 6, 2014, noted pain located in the upper back and bilateral shoulders on examination. The injured worker reported that the TENS unit usually worked well, but was still having pain after use on that day. On January 13, 2015, Utilization Review non-certified retrospective use of a TENS Unit and Supplies (DOS: 10/23/2014, 11/12/2014, 12/01/2014), and prospective use of a TENS unit and supplies. The UR Physician noted the injured worker had been approved for a one month rental of TENS unit prior to dates of service, without the injured worker's response from use of the unit clearly outlined, and with limited evidence to suggest there had been a change in the injured worker's work status, therefore the medical necessity of the retrospective use of a TENS Unit and Supplies (DOS: 10/23/2014, 11/12/2014, 12/01/2014) was not established. The UR Physician noted there was no indication that there had been a measurable reduction in medication dosage, quantity, or frequency, with no pain scores reported that showed sustained benefit, and limited evidence to suggest that there had been a change in work status with use of the TENS unit, therefore the medical necessity of the prospective use of a TENS unit and supplies was not established. The

MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of retrospective use of a TENS Unit and Supplies (DOS: 10/23/2014, 11/12/2014, 12/01/2014), and prospective use of a TENS unit and supplies.

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

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

**Retrospective use of a TENS Unit and Supplies (DOS: 10/23/2014, 11/12/2014, 12/01/2014): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on what TENS unit is requested, functional improvement from trial treatment as it was reported the patient had pain complaints on same day post use, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The Retrospective use of a TENS Unit and Supplies (DOS: 10/23/2014, 11/12/2014, 12/01/2014) is not medically necessary and appropriate.

**Use of a TENS Unit and Supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

**Decision rationale:** Although the patient has utilized the TENS unit for some time, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated supplies are not medically necessary. The Use of a TENS Unit and Supplies is not medically necessary and appropriate.

