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| <b>Case Number:</b>   | CM15-0224514 |                              |            |
| <b>Date Assigned:</b> | 11/20/2015   | <b>Date of Injury:</b>       | 06/25/2013 |
| <b>Decision Date:</b> | 12/30/2015   | <b>UR Denial Date:</b>       | 11/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/16/2015 |

### 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: 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 51 year old female who sustained an industrial injury 06-25-13. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine sprain-strain, cervical radiculitis, and lumbosacral neuritis or radiculitis. Medical records (10-28-15) reveal the injured worker complains of neck and low back pain. The physical exam (10-28-15) reveals decreased range of motion in the cervical and lumbar spine. Diffuse tenderness to palpation is noted in the cervical spine area, with spasm on the right side within the trapezius. Diminished sensation to light touch is noted on the right in the area of L2-S1. Prior treatment includes chiropractic treatments, acupuncture, physical therapy, a TENS unit, a brace, ultrasound treatments, as well as medications including Duloxetine, gabapentin, omeprazole, and extra strength Tylenol. The original utilization review (11-04-15) non certified the request for 2 TENS patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS patches x2:** Overturned

**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): Transcutaneous electrotherapy.

**Decision rationale:** The claimant sustained a work injury in June 2013 with injury to the neck and back when she was in a vehicle, which abruptly stopped twice. She continues to be treated for chronic neck and back pain with secondary insomnia and major depressive disorder. An MRI of the lumbar spine in August 2013 showed findings of multilevel degenerative disc disease with disc bulging and facet degeneration. She underwent a trial of TENS in May 2015 and a unit was provided for home use. Electrodiagnostic testing in September 2015 showed findings of a right cervical radiculopathy. When seen in October 2015 she was using the TENS unit daily. She was having sharp low back pain with episodic radiating symptoms into the lower extremities. She was having localized bilateral cervical paravertebral pain. Physical examination findings included decreased cervical and lumbar spine range of motion with diffuse cervical tenderness. There were cervical and lumbar spasms. There was decreased right lower extremity sensation. Medications were continued. Continued use of TENS was recommended and 2 sets of electrodes were dispensed. 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 consistent with that needed for continued use of her TENS unit. The request is medically necessary.