

<b>Case Number:</b>	CM15-0035322		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 39 year old male, who sustained an industrial injury on September 11, 2012. He has reported jumping down from a truck, feeling an immediate radiation of pain going into the upper back and inner scapular region, and down into the bilateral groin from the lower back. The diagnoses have included lumbago. Treatment to date has included epidural steroid injection (ESI), physical therapy, chiropractic treatments, acupuncture, TENS, and medications. Currently, the injured worker complains of pain at the posterior right middle back, the posterior left middle back, the posterior left lower back, the posterior right middle back, the posterior bilateral buttocks, the posterior neck, the posterior right shoulder, the posterior right upper back, the posterior left shoulder and the posterior right upper leg. The Treating Physician's report dated December 9, 2014, noted a repeat MRI on March 6, 2014, results consistent with multilevel degenerative changes of the lumbar spine. Straight leg raising test were noted to be bilaterally abnormal. On January 28, 2015, Utilization Review non-certified 12 months supplies electrodes 8 pairs per month, noting that a 12 month supply of ancillary equipment would be excessive without ongoing documentation of pain reduction, functional improvement, a decrease in medication usage, and adherence to the treatment schedule. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 25, 2015, the injured worker submitted an application for IMR for review of 12 months supplies electrodes 8 pairs per month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 months supplies Electrodes 8 pairs per month: Upheld**

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

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

**Decision rationale:** The patient was injured on 09/11/12 and presents with pain at the posterior right middle back, the posterior left middle back, the posterior left lower back, the posterior right middle back, the posterior bilateral buttocks, the posterior neck, the posterior right shoulder, the posterior right upper back, the posterior left shoulder and the posterior right upper leg. The request is for 12 MONTHS SUPPLIES ELECTRODES 8 PAIRS PER MONTH. There is no RFA provided and the patient is not permanent and stationary. Per MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a one-month, home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. The utilization review denial letter states that the patient used the TENS unit 3 times a day for 30 minutes to an hour per session since 10/01/2012. The 10/07/14 report states that the patient finds mild relief with TENS. It appears that the patient has previously used the TENS unit. There is no mention of how the patient is utilized the TENS unit, or what condition or body region is being treated, and what the outcome measures are in terms of pain relief and function." The treater has not indicated a need for a TENS unit based on the MTUS criteria. The patient is diagnosed with lumbago. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. The requested electrodes IS NOT medically necessary.