

<b>Case Number:</b>	CM15-0036872		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	07/19/2004
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 60 year old female who sustained an industrial injury on 7/19/04. The injured worker reported symptoms in the neck, back, upper and lower extremities. The diagnoses included multiple musculoskeletal and joint injuries and spinal injuries following Workmen's Compensation injury. Treatments to date include a cane; front wheeled walker, oral pain medication, triggers point injections, and epidural steroid injection. In a progress note dated 3/10/14 the treating provider reports the injured worker was with "pain in the left arm, shoulders, back, left knee, left hand, hips and right leg as well as the neck." On 1/29/15, Utilization Review non-certified the request for #A4556 Electrodes, Per Pair and #A4558 Conductive Paste or Gel. The California Medical Treatment Utilization Schedule was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**#A4556 Electrodes, Per Pair and #A4558 Conductive Paste or Gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #A4556 electrodes, per pair, and #4558 conduction paste for gel is not medically necessary. The electrodes and paste/gel are components of a TENS unit. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured workers working diagnoses are multiple musculoskeletal and joint injuries and spinal injuries following workers compensation injury. The date of injury is July 19, 2004. The request for authorization is December 30, 2014. The treating/requesting physician's most recent progress note is dated July 21, 2008. The most recent progress note of the medical record is dated March 10, 2014. This progress note does not reflect an assessment and plan from the requesting physician. The documentation from the March 10, 2014 progress note requests aquatic therapy. Subjectively, the injured worker has multiple complaints referable to the back, knee and neck. There is no documentation in the medical record regarding a clinical indication, clinical rationale or any mention whatsoever of a TENS unit. Consequently, absent clinical documentation of a TENS unit with a clinical indication or clinical rationale for its use, #A4556 electrodes, per pair, and #4558 conduction paste for gel is not medically necessary.