

<b>Case Number:</b>	CM15-0060004		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/01/2003
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 76-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 12, 2003. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve a request for two TENS unit patches. An RFA form received on February 20, 2015 was referenced in the determination, along with a progress note of the same date. The applicant's attorney subsequently appealed. On December 18, 2014, TENS unit patches, Prilosec, Naprosyn, and Flexeril were endorsed. A handwritten progress note of the same date was extremely difficult to follow, not altogether legible, and notable for comments that the applicant had ongoing complaints of 5-7/10 low back pain radiating to the leg. The applicant was described as having retired from his former employment. On January 8, 2015, a TENS unit was dispensed. In an associated progress note of the same date, the applicant was described as no longer working. 6/10 pain complaints were noted. The attending provider stated that a TENS unit had been dispensed after an in-office trial of the same. Naprosyn and Flexeril were also endorsed. The applicant was no longer working and had retired, it was stated. On January 12, 2015, the applicant was given a Thera Cane massager. Naprosyn, Flexeril, and Prilosec were renewed. The applicant noted 5/10 pain and stated that sitting, walking, and sleeping were somewhat constrained secondary to the same. On February 20, 2015, TENS unit patches were endorsed. The applicant again stated that he was having difficulty falling asleep and remaining asleep secondary to his pain complaints. The applicant was asked to try Neurontin, it was stated in one section of the note. In another section

of the note, the applicant was asked to continue Naprosyn and Flexeril, it was stated. 6/10 pain was reported on this occasion.

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

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

**TENS patch x 2 pairs:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** No, the request for two TENS unit patches was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and, by implication, provision of associated supplies beyond an initial one-month trial should be predicated on evidence of lasting analgesia and functional improvement during a one-month trial of the same. Here, however, the applicant has failed to demonstrate a significant or material benefit in terms of either pain or function following introduction of the TENS unit. Permanent work restrictions remained in place, seemingly unchanged from visit to visit, despite ongoing usage of the TENS unit. The applicant remains dependent on various analgesic and adjuvant medications, including Naprosyn, Flexeril, Neurontin, etc. The applicant continued to report difficulty-performing activities of daily living as basic as standing, walking, and sleeping, it was reported on February 20, 2015. Heightened complaints of 6/10 low back pain were appreciated on that date. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the TENS unit. Therefore, the request for associated supplies in the form of the TENS unit patches was likewise not medically necessary.