

<b>Case Number:</b>	CM14-0219336		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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:

This 45 year old women sustained injuries via cumulative trauma from 2/24/11 to 2/24/12 with subsequent musculoskeletal pain in the shoulders, neck and low back. The injured worker was diagnosed with L4-5 and L5-S1 central cannular disc tears with left lumbar radiculitis, left piriformis syndrome, major depressive disorder, anxiety disorder and bilateral shoulder adhesive capsulitis. Work status was temporary total disability. Treatment included physical therapy, injections into the back, neck and head, medications and psychological counseling. In a PR-2 dated 9/12/14, the injured worker reported improvement in her pain which she attributed to increasing her home exercise and continued psychological counseling. In a PR-2 dated 10/24/14, the injured worker complained of persistent low back pain. The injured worker reported attempting to decrease medications including Tramadol for pain and Lorazepam for anxiety. Physical exam was remarkable for a restricted gait with coccygeal, left platformis and lumbar spine tenderness, positive left straight leg raise and limited range of motion to bilateral shoulders. The treatment plan included a three month trial of TENS/interferential stimulating unit, continuing home walking and exercise program, continuing psychological counseling and medications including Lorazepam 0.5mg twice a day as needed for panic attacks, Tramadol 50 mg up to three times a day for breakthrough pain, Duexis 800/26.6 mg twice a day for two weeks for acute pain flare up and Lexapro 20 mg daily as needed for anxiety and depression. The following medications were discontinued: BuSpar, Cymbalta, Amitixa, Sentra AM, Sentra PM and topical creams. On December 5, 2014, Utilization Review modified a request for a three

month trial of TENS/Interferential stimulating unit to a one month trial of TENS/interferential stimulating unit citing CA MTUS, 2009, Chronic pain, TENS, pg. 114-119.

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

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

**3 Month Trail of TENS/Interferential stimulating unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-11.

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

**Decision rationale:** According to the 10/24/2014 report, this patient presents with persistent low back pain. The current request is for 3 month trial of TENS/Interferential Stimulating Unit to help control low back pain in attempts of decreasing oral medications. Regarding TENS units, the MTUS guidelines state not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option and may be appropriate for neuropathic pain. The guidelines further state a rental would be preferred over purchase during this trial. Review of the provided medical records shows that the patient has neuropathic pain and there is no indication that the patient has trialed a one-month rental. However, the treating physician is requesting 3 month trial of the TENS/ Interferential Stimulating unit which is not supported by the MTUS. Therefore, the request IS NOT medically necessary.