

<b>Case Number:</b>	CM15-0012479		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	12/08/1997
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Ohio, 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 injured worker is a 64 year old male, who sustained an industrial injury on December 8, 1997. The mechanism of injury is unknown. The diagnoses have included right lumbar radiculopathy, low back pain, facet joint arthritis, sacroiliitis, insomnia secondary to pain and status post laminectomy with recurrent herniation at L4-5. Treatment to date has included multiple injections, TENS unit, diagnostic studies and medications. Currently, the injured worker complains of persistent low back pain rated a 10 on a 1-10 pain scale. He also complained of right lower extremity pain. He was currently noted to be taking anti-inflammatory medications which were not helping. He is not able to do any exercises due to increased level of pain. On January 9, 2015, Utilization Review non-certified 9 volt Duracell alkaline battery #2, noting the California Chronic Pain Medical Treatment Guidelines. On February 5, 2015, the injured worker submitted an application for Independent Medical Review for review of 9 volt Duracell alkaline battery #2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9VLT Duracell Alkaline battery #2 (A4630): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS: Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

**Decision rationale:** The applicant is a represented 64-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 8, 1997. In a Utilization Review Report dated January 9, 2015, the claims administrator denied an alkaline battery. The alkaline battery appeared to represent a request for a battery to be employed in conjunction with a previously furnished TENS unit. The claims administrator referenced a variety of historical progress notes as early as 2009. An August 8, 2014, progress note was also summarized. The claims administrator contented the applicant has failed to profit though previous usage of the TENS unit and went onto deny the associated battery. The applicant's attorney subsequently appealed. On December 26, 2014, Tylenol No. 3, Motrin, Norco, and Duragesic were refilled. Retrospective request for previously provided battery was also made. It was stated that the applicant had been using a TENS unit since 1999. In an associated progress note dated December 26, 2014, the applicant reported ongoing complaints of low back pain, 10/10. The applicant stated that he was not able to do any exercise secondary to pain. The applicant stated that his medications were not helping. The applicant was described as off of work. The applicant had reportedly retired and was on disability, the treating provider noted.

**REFERRAL QUESTIONS:**1. No, the proposed 9 volt Duracell alkaline battery was not medically necessary, medically appropriate, or indicated here. The request at hand represents a request for provision of battery to be employed in conjunction with a previously provided TENS unit. However, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines notes that usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the applicant was/is off of work. The applicant was/is receiving disability benefits, the treating provider noted. The applicant was using a variety of opioid agents including Tylenol No. 3. The applicant reported severe 10/10 pain on the December 22, 2014 office visit at issue. 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 provision of an associated TENS unit battery was not medically necessary.

**REFERENCES:**1. MTUS Chronic Pain Medical Treatment Guidelines, page 116, Criteria for the Use of TENS topic.2. MTUS 9792.20f.