

<b>Case Number:</b>	CM15-0017571		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 42 year old male who sustained an industrial reported on 5/30/2014. He has reported left hand pain and axial low back pain. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy (2004), and degeneration of lumbar or lumbosacral intervertebral disc with microdiscectomy (2004); sciatica; lumbago; closed fracture of neck of metacarpal bone; trigger finger; and joint hand pain. Treatments to date have included multiple consultations; diagnostic imaging studies; left 4th trigger-digit injection therapy (9/16/14); hand therapy; digit splint; physical therapy and home exercise program for the lumbar spine; acupuncture for the lumbar spine; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary and released to temporary modified duty for the lumbar spine, and released to work without using the left hand. On 12/30/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/12/2014, for a transcutaneous electrical stimulation unit 4 lead with electrodes, 2 pack, and an AAA Duracell alkaline battery. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, options for transcutaneous electrical stimulation unit, chronic pain; and Blue Cross of California Medical Policy, durable medical equipment, evidence citations for battery alkaline AAA Duracell and electrodes 2 pack, were cited. Daily progress notes of 10/3/2014, 10/6/2014, 10/14/2014, 10/17/2014, 10/21/2014, 10/24/2014, 11/14/2014, 11/21/2014, 12/5/2014 and 12/9/2014 are hand written and mostly illegible but do not appear to contain the request for the transcutaneous electrical stimulation unit and supplies. The PR-2's, dated 11/17/2014 and 12/25/2014 noted low back and left hand pain/complaints with no request

for a transcutaneous electrical stimulation unit and supplies. The 12/26/2014 request for additional information was noted; however, the med record requesting the transcutaneous electrical stimulation unit and supplies was not made available for my review.

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

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

**Transcutaneous electrical nerve stimulation (TENS) unit 4 lead:** 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, TENS unit is not medically necessary. 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; 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 worker's working diagnoses are closed fracture of neck of metacarpal bone; trigger finger acquired; and joint pain hand. The documentation does not contain evidence of a one-month trial for TENS. The documentation does not contain a treatment plan by the treating physician for a TENS Unit, electrodes and/or batteries AAA Duracell. A request for additional information was sent to the treating physician and there was no reply or additional information forwarded. Additionally, there were no specific short and long-term goals submitted by the treating physician for the TENS unit. Consequently, absent clinical documentation with the clinical criteria for TENS use in addition to a one month trial and a clinical rationale/indication, TENS unit is not medically necessary.

**Electrodes 2 pack:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10

**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, TENS unit electrodes 2 pack is not medically necessary. 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; 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 worker's working diagnoses are closed fracture of neck of metacarpal bone; trigger finger acquired; and joint pain hand. The documentation does not contain evidence of a one-month trial for TENS. The documentation does not contain a treatment plan by the treating physician for a TENS Unit, electrodes and/or batteries AAA Duracell. A request for additional information was sent to the treating physician and there was no reply or additional information forwarded. Additionally, there were no specific short and long-term goals submitted by the treating physician for the TENS unit. Absent clinical documentation with the clinical criteria for TENS use in addition to a one month trial and a clinical rationale/indication, TENS unit is not medically necessary. Consequently, the TENS unit is not medically necessary and, as a result, TENS electrodes 2 pack is not medically necessary.

**Battery alkaline AAA duracell:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10

**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, TENS unit battery alkaline AAA Duracell is not medically necessary. 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; 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 worker's working diagnoses are closed fracture of neck of metacarpal bone; trigger finger acquired; and joint pain hand. The documentation does not contain evidence of a one-month trial for TENS. The documentation does not contain a treatment plan by the treating physician for a TENS Unit, electrodes and/or batteries AAA Duracell. A request for additional information was sent to the treating physician and there was no reply or additional information forwarded. Additionally, there were no specific short and long-term goals submitted by the treating physician for the TENS unit. Absent clinical

documentation with the clinical criteria for TENS use in addition to a one month trial and a clinical rationale/indication, TENS unit is not medically necessary. Consequently, the TENS unit is not medically necessary and, as a result, TENS AAA Duracell alkaline batteries is not medically necessary.