

<b>Case Number:</b>	CM15-0110821		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	11/15/2002
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 15, 2002. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for a TENS unit with associated electrodes and supplies. The claims administrator referenced an RFA form received on May 27, 2015 in its determination. A date of service of May 14, 2015 was likewise cited. The applicant's attorney subsequently appealed. On June 8, 2015, the applicant reported 6/10 low back pain complaints radiating to the bilateral legs, present times several years. A TENS unit was endorsed. It was stated on this somewhat sparse note that the applicant was not using any analgesic medications. The applicant's work and functional status were not detailed, although the applicant did not appear to be working. On June 27, 2011, permanent work restrictions imposed by a medical-legal evaluator were renewed. It was not clearly stated whether the applicant was or was not working, although this did not appear to be the case. The attending provider did endorse a replacement transcutaneous electrotherapy device. The attending provider suggested that the applicant was not using oral analgesics but did not elaborate further. In an April 16, 2015 progress note, the attending provider sought authorization for a topical compounded agent. It was acknowledged that the applicant was using a cane to move about. 5/10 low back pain complaints were noted. In a handwritten progress note dated January 28, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain. Continued use of a lumbar support and a cane were seemingly sought. It was acknowledged that the applicant was no longer working and had reportedly

retired. Dendracin lotion was endorsed. The claimant was described as having sustained an unspecified adverse reaction to analgesic medications. The remainder of the file was surveyed. A number of bills for TENS unit supplies to include electrodes, towel removers, battery power packs, shipping and handling fees, etc., were sought at various points in time, including on January 15, 2015. Retrospective authorization was sought for provision of these supplies, seemingly throughout the course of the claim.

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

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

**TENS supplies electrodes gel 2 pr sensaderm, non-sterile sq tip 2 dia 280:** Upheld

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

**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 TENS unit supplies in the form of electrodes 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 device should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, with beneficial outcome present in terms of both pain relief and function. Here, however, the applicant was no longer working, it was acknowledged on various dates, including on January 28, 2015. The applicant remained dependent on topical compounds such as Dendracin lotion. The applicant continued to use a cane and/or lumbar support to move about, it was reported on January 28, 2015. A progress note of June 5, 2015 failed to outline any substantive improvements in function effected as a result of ongoing usage of the TENS unit in terms of the parameters established in MTUS 9792.20e. Therefore, the request was not medically necessary.

**Battery power pack 4.5v 1 204.20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Similarly, the request for a battery power pack was likewise not medically necessary, medically appropriate, or indicated here. The request in question presented a request for usage of a battery power pack 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 on a purchase basis, and, by implication, provision of associated supplies such as the power pack in question should be predicated on evidence of favorable outcome during an earlier trial of the same, in terms of both pain relief and function. Here, however, the applicant remained off of work, it was reported on January 28, 2015. Permanent work restrictions imposed by a medical-legal evaluator were renewed on that date, seemingly unchanged from previous visits. The applicant remained dependent on topical compounds such as Dendracin, a lumbar support, and a cane, it was acknowledged. All of the foregoing, taken together,

suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing use of the TENS unit. Therefore, the request for provision of an associated battery power pack was likewise not medically necessary.

**Shipping and handling, 15.00, DOS: 5/14/15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Finally, the request for a shipping and handling fee was likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one which accompanied the primary request for provision of TENS unit supplies in the form of electrodes and the battery power packs in question. Since those requests were deemed not medically necessary, the derivative or companion request for an associated shipping and handling fee was likewise not medically necessary.