

<b>Case Number:</b>	CM15-0112267		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 9, 2013. In a Utilization Review report dated May 28, 2015, the claims administrator failed to approve a request for TENS unit patches. The claims administrator referenced a May 20, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. On said May 20, 2015 RFA form, TENS unit patches and three sessions of ultrasound were sought. The TENS unit patches were dispensed in the office, the treating provider reported. In an associated progress note of the same date, May 20, 2015, the applicant was placed off of work, on total temporary disability. The attending provider acknowledged that the applicant's lumbar MRI was essentially negative and failed to uncover any abnormalities which would have explained the applicant's symptoms. Further physical therapy was apparently endorsed, along with ultrasound therapy for the back. 6/10 pain complaints were reported toward the top of the report. The applicant's medication list was not detailed. The applicant was likewise placed off of work, on total temporary disability, via an earlier note dated May 1, 2015. The applicant was using a TENS unit on that date, it was acknowledged. TENS unit patches were likewise dispensed on that date. The applicant was asked to continue cognitive behavioral therapy and to continue Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS patches 2 pairs for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

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

**Decision rationale:** No, the retrospective 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, provision of a TENS unit beyond an initial one-month trial and, by implication, provision of associated supplies should be predicated on evidence of a favorable outcome during said one-month trial, with beneficial effects evident in terms of both pain relief and function. Here, however, the applicant remained off of work, on total temporary disability, despite ongoing usage of the TENS unit. 6/10 pain complaints were reported, despite ongoing usage of the TENS unit. Ongoing use of the TENS unit had failed to curtail the applicant's dependence on oral agents such as Naprosyn. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of the TENS unit. Therefore, the request for associated TENS unit patches was not medically necessary.