

Case Number:	CM15-0178420		
Date Assigned:	09/18/2015	Date of Injury:	10/23/1997
Decision Date:	10/22/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/10/2015

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: 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 63 year old female, who sustained an industrial-work injury on 10-23-97. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar spinal degenerative disc disease (DDD) and low back pain. Medical records dated (6-12-15 to 8-14-15) indicate that the injured worker complains of chronic progressive low back pain, right lower extremity (RLE) pain and right foot pain over the past 18 years. The pain is associated with numbness and tingling. The pain is aggravated with activity and relieved with rest, lying down, heat and transcutaneous electrical nerve stimulation (TENS). The pain is rated 7 out of 10 on pain scale with medications and 10 out of 10 without medications. She rates the severity of pain 6-8, but as 4 at its best and 10 at its worst. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-14-15 the injured worker has not returned to work. The physical exam dated 8-14-15 reveals that she ambulates with right antalgic steppage and circumduction gait with use of 4 wheeled rollator walker. She was not able to perform heel-walking, toe walking and tandem gait. She was not able to perform single leg stance. The lumbar exam reveals tenderness to palpation over the paraspinal muscles. The lumbar range of motion reveals flexion at 10 of 60 degrees, extension at 0 of 25 degrees, and right and left lateral bend 0 of 25 degrees. There is pain with all active range of motion and is worse with flexion. There is slight diminished sensation in the right lateral calf. The physician recommended follow up visit in 8 weeks. Treatment to date has included pain medications, diagnostics, activity modification, physical therapy 20 sessions mild relief, 12 sessions of massage therapy moderate relief, pain

management, Transcutaneous electrical nerve stimulation (TENS) with excellent pain relief, 2 lumbar epidural steroid injection (ESI) in 2007 with the first giving moderate pain relief and second no significant relief, cane, walker, home exercise program (HEP) and other modalities. The injured worker reports that surgery was not recommended. The request for authorization date was 8-19-15 and requested service included Two 4 packs of large disposable electropads for every month with 12 refills. The original Utilization review dated 8-22-15 modified the request to Two 4 packs of large disposable electropads with no refills as the injured worker's condition and necessity of the Transcutaneous electrical nerve stimulation (TENS) unit should be monitored and only 1 month worth of supplies is appropriate and the need for additional supplies can be evaluated at the next follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two 4 packs of large disposable electropads for every month with 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, two 4 packs large disposable electrode pads for every month times 12 refills 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 should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; 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. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar radiculopathy; spinal/lumbar DDD; and low back pain. Date of injury is October 23, 2017. Request for authorization is August 19, 2015. According to the utilization review dated August 21, 2015, the injured worker utilizes a TENS unit at home that provides adequate relief. In review number #3029643 dated June 30, 2015, six 4 packs (24 total pieces) of disposable large electro pads were certified to provide the injured worker with a three month supply of TENS supplies. During the course of treatment with a TENS unit, progress and objective functional improvement should be monitored. 12 refills are therefore not clinically indicated. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and an

excessive number of electro pads requested with 12 refills, two 4 packs large disposable electrode pads for every month times 12 refills is not medically necessary.