

<b>Case Number:</b>	CM15-0068578		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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  
 Certification(s)/Specialty: Emergency 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 (IW) is a 50 year old male who sustained an industrial injury on 12/30/2013. He reported lower back pain from a whiplash injury. The injured worker was diagnosed as having lumbago. Treatment to date has included trigger point injections that reduced pain for several weeks, facet rhizotomy that yielded 75% pain relief, use of a TENS (Transcutaneous Electrical Nerve Stimulation) unit, and a home exercise program with ice and heat compress therapy at home. Currently, the injured worker complains of increased low back pain and muscle tightness with spasm. The IW states he felt better several weeks ago after his acupuncture therapy and was able to decrease oral pain medication usage, but the benefits from the acupuncture have completely dissipated now. Trigger point injections targeting the right quadratus lumborum muscle are planned on this visit and supplies for the three months for the TENS unit are requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrodes Qty: 3 months:** 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, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The requested Electrodes Qty: 3 months, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has increased low back pain and muscle tightness with spasm. The IW states he felt better several weeks ago after his acupuncture therapy and was able to decrease oral pain medication usage, but the benefits from the acupuncture have completely dissipated now. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, Electrodes Qty: 3 months is not medically necessary.

**Skin preps Qty: 3 months:** 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, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The requested Skin preps Qty: 3 months, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has increased low back pain and muscle tightness with spasm. The IW states he felt better several weeks ago after his acupuncture therapy and was able to decrease oral pain medication usage, but the benefits from the acupuncture have completely dissipated now. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, Skin preps Qty: 3 months is not medically necessary.

**Batteries Qty: 3 months:** 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, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The requested Batteries Qty: 3 months, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has increased low back pain and muscle tightness with spasm. The IW states he felt better several weeks ago after his acupuncture therapy and was able to decrease oral pain medication usage, but the benefits from the acupuncture have completely dissipated now. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, Batteries Qty: 3 months is not medically necessary.

**Lead wires Qty: 1 pair:** 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, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The requested Lead wires Qty: 1 pair, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has increased low back pain and muscle tightness with spasm. The IW states he felt better several weeks ago after his acupuncture therapy and was able to decrease oral pain medication usage, but the benefits from the acupuncture have completely dissipated now. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, Lead wires Qty: 1 pair is not medically necessary.