

<b>Case Number:</b>	CM13-0022666		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient describes an industrial injury occurring during the normal course of her occupational duties on March 20, 2012 while employed as a processing technician for [REDACTED]. She states that her symptoms may have started approximately 5 years prior due to performing a lot of typing work activities. She continued putting off treatment and surgery as other employees were having them done and the patient did not want to be off work. On one occasion, she had pain in the shoulders to the extent that she was not able to stand the pain and sought medical treatment. The patient believes that her symptoms started in early 2002. She is right-handed. She worked at least 9 hours per day, 4 days per week and 5 the following week. She performs a lot of typing and report activities. She states that work was a stressful environment, 9/10, in order to work quickly, correctly, and in order to process work to the courthouse in a timely manner. She was not provided with an ergonomic workstation. She utilized a regular chair, keyboard, and mouse (there were no special mouse pads or wrist pads provided). She states that she utilized the headset while performing dictations. She states that, in 2006, she would wake up in the middle of the night due to cramping in her fingers, numbness in the fingers, and tingling in the fingertips. She would also notice pain to the wrists, possibly more in the right hand and wrist. She had more problems in the 1st and 2nd fingers on the right hand as she used her mouse a lot in order to perform her work activities. She noticed that the pain would travel up the arm to the forearm region sometime in 2006. By 2011, she had experienced pain extending to both shoulders mostly on top of the shoulders, but if she lay on her shoulder, she would experience pain specifically in the shoulder as well. She also had pain in the right side of the neck region. She states that she reported her injury on April 5, 2012 to her supervisors. At the time, she was off

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a TENS unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 115-117. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** CA-MTUS (Effective July 18, 2009) page 115 to 117 of 127 Section on TENS unit states: 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): - Documentation of pain of at least three months duration - There is evidence that other appropriate pain modalities have been tried (including medication) and failed - A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial - Other ongoing pain treatment should also be documented during the trial period including medication usage - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted - A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary ODG-TWC-Pain Chapter: TENS Unit: Not recommended as an isolated intervention, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. Acute: Not recommended based on published literature and a consensus of current guidelines. No proven efficacy has been shown for the treatment of acute low back symptoms. (Herman, 1994) (Bigos, 1999) (van Tulder, 2006) Chronic: Not generally recommended as there is strong evidence that TENS is not more effective than placebo or sham. (Airaksinen, 2006) There is minimal data on how efficacy is affected by type of application, site of application, treatment duration, and optimal frequency/intensity. (Brousseau, 2002) There are sparse randomized controlled trials that have investigated TENS for low back pain. One study of 30 subjects showed a significant decrease in pain intensity over a 60-minute treatment period and for 60 minutes after. (Cheing, 1999) A larger trial of 145 subjects showed no difference between placebo and TENS tr