

<b>Case Number:</b>	CM14-0152280		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	05/27/2014
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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:

There were 117 pages provided for this review. The application for independent medical review was signed on September 8, 2014. It was for the DME purchase of two months of TENS supplies. The date of injury was May 27, 2014. It was noticed that there was no medical information submitted to support the need for the supplies. Of the notes that were available, there were some provided by [REDACTED]. The patient was returned to work with restrictions as of May 29, 2014. He is a 36-year-old male who was working as a construction worker. He fell from straddling a cabinet and ladder. He felt pain in the low back in the left hip. X-rays were reportedly negative. He was advised to take Tylenol. There was ongoing pain in the mid back. The symptoms were dull. There was pain in the hip. There was no radiation. There was no history of lower extremity weakness. The diagnoses were thoracic sprain, left hip contusion and left hip strain. The medicines were acetaminophen, meloxicam, tramadol\acetaminophen and Biofreeze. He was also given Orphenadrine. As of May 31, 2014 he was 50% better. He was on modified duty. He had completed some physical therapy. They will continue physical therapy and light duty. A CT of the spine showed no fracture or subluxation. There was mild degenerative disc disease. The paravertebral soft tissues appeared normal and there was bilateral posterior dependent atelectasis. As of June 12, 2014, the pain continued. The diagnosis was a thoracic strain and the left hip contusion, improving slowly. The doctor requested acupuncture and an orthopedic consult. As of June 23, 2014 there was an initial orthopedic consult. They again mentioned acupuncture and medicine. There is no mention of the TENS unit. There was an orthopedic follow-up visit on July 7, 2014. He will continue with acupuncture and Tylenol extra strength. He was also given Relafen. They expect maximal medical improvement on July 12. There is mention of various topical and oral suspension medicines. There was a PR II provided from August 12, 2014. He will continue therapy and

acupuncture. There is mention of shockwave. There was mention of Localized intense neural stimulation therapy [LINT] once a week for six weeks. Drug tests were provided. There were several physical therapy notes provided as well as several illegible handwritten notes and chiropractic notes. The application for independent medical review was also provided. I could find no reference to a TENS requiring home supplies, or objective functional improvement out of the use of such a device.

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

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

**2 Months of TENs supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENs Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

**Decision rationale:** The MTUS notes that TENS is 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.- Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)- Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985).- Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)I did not find in these records that the claimant had these conditions that warranted TENS and therefore, supplies for the TENS. There is documentation of objective, functional improvement in past usage in a page by page review of the records. Therefore, the request of 2 Months of TENs supplies is not medically necessary and appropriate.