

<b>Case Number:</b>	CM14-0156630		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Internal Medicine and is licensed to practice in New York. 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:

The claimant is a 48 year old female who sustained an industrial injury on 03/25/2013. The mechanism of injury was not provided for review. Her diagnoses include cervical, thoracic, and lumbar spine pain, right lower extremity radiculopathy, right sacroiliac dysfunction, bilateral de Quervain's tenosynovitis, right lateral epicondylitis, bilateral rotator cuff impingement, right intercostal strain, and depression. She continues to complain of low back pain, neck pain, bilateral wrist pain and right rib cage pain. On physical exam she has tenderness along the right epicondyle and positive Finkelstein tests bilaterally. She has full strength in both upper and lower extremities with intact sensation and negative straight leg raise maneuver on both sides, negative Spurling's maneuver and a positive right-sided Patrick's maneuver. There is tenderness over the right rib cage over the 6th and 7th rib. Treatment has consisted of medications, wrist splinting, steroid injections, physical therapy, occupational therapy, acupuncture and use of a TENS unit. The treating provider has requested extension of TENS unit battery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extension of TENS unit battery:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Intercostal injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

**Decision rationale:** The requested TENS is medically necessary . Per California MTUS Guidelines it is not recommended as an isolated therapeutic intervention and is only recommended on a one-month trial if it is part of a comprehensive rehabilitation program. There is documentation indicating that the claimant is part of such a rehabilitation program. She has reported improvement in her pain with the device and it is being used in conjunction with medical therapy for the treatment of her chronic pain condition. There is documentation of functional benefit from electrical stimulation under the supervision of a licensed physical therapist. Medical necessity for the requested item has been established. The requested treatment is not medically necessary.