

<b>Case Number:</b>	CM14-0157331		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	01/31/1997
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 1/31/97. A utilization review determination dated 9/10/14 recommended non certification for the requested Tens unit including patches and connection wires. A progress report dated 8/25/14 indicates that the patient continues to have pain in her head, neck and shoulders along with radiation of pain, numbness and tingling from the neck to the bilateral upper extremities, right side worse than the left, into her hands diffusely. She has been going to physical therapy and has had 3 sessions so far, she is also wearing wrist braces at night to help with her carpal tunnel syndrome. This patient has had more than 20 sessions of physical therapy at UCLA four years ago that according to the patient significantly helped her pain bringing it from a 9-10/10 to a 6/10. The patient is currently taking Norco 5/325mg two to three times a day and using lidoPro cream. The combined effects of the Norco and LidoPro bring her pain from a 10/10 to a 7/10. Objective findings indicate this patient is obese. The patient has tenderness to palpation in the cervical paraspinals and rhomboid region bilaterally. She has severe pain to palpation diffusely over the right shoulder and proximal arm, not correlating with any anatomic body part. The patient has decreased range of motion throughout all planes in the cervical spine, with significant pain with right rotation. She has decreased sensation throughout the right upper limb. She is noted to have severe pain with facet loading of the cervical spine. She is also noted to have tenderness with palpation in the lumbar paraspinals bilaterally. The patient has an antalgic, slow gait. An MRI done on 3/4/13 of the L-spine was reviewed and shows mild disc abnormality with retrolisthesis L3-4 and L4-5 left paracentral protrusion, 1-2mm disc herniations at C3-4, C4-5, C5-6, C6-7 1mm retrolisthesis C3-4 with disc dehydration. Diagnoses were right cervical radiculopathy, right lumbar radiculopathy, right shoulder impingement, chronic whole body pain, history of substance abuse, obesity. Treatment plan indicates a request was started for a TENS unit, request for neurology

consult for headaches, continue Norco and LidoPro, recommendation for patient to be evaluated by a rheumatologist for possible Reynauds.

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

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

**Purchase of TENS Unit including patches and connection wired:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the request for TENS unit is not medically necessary.