

<b>Case Number:</b>	CM14-0166108		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	04/10/2001
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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, 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:

The underlying date of injury in this case is 04/10/2001. The date of the utilization review under appeal is 09/16/2014. On 08/18/2014, the patient was seen in primary treating physician follow-up regarding low back pain as well as bilateral upper extremity pain and bilateral lower extremity pain. The patient rated her pain as 8/10 without medications and 3/10 with medications. The patient was taking medications without side effects and felt these were working well. These medications included Ambien, Lidoderm patch, Zanaflex, Norco, hydrochlorothiazide, and metformin. The patient was felt to have bilateral carpal tunnel syndrome, shoulder tendinopathy, elbow epicondylitis, and a back sprain with sciatica. The treatment plan included physical therapy for flare-ups of pain, possible repeat epidural steroid injections, continued use of wrist splints, and cortisone injections. A trial of a home TENS unit was also requested. An initial physician review recommended non-certification of a 30-day TENS trial with the rationale that the patient's current treatment program seemed to be going well, and therefore there was no indication for the TENS trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit 30 day trial:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on transcutaneous electrical nerve stimulation recommends a 1-month home-based trial of TENS as an adjunct to a program with evidence-based functional restoration for neuropathic pain. In this case, the medical records do outline neuropathic pain in the lower extremities due to presumed lumbar radiculopathy. Although the current treatment plan is doing well, the medical records indicate that the patient requires not only active rehabilitation but also opioid treatment and periodic invasive pain management to control her pain. The guidelines would clearly support TENS as an adjunct to the patient's home rehabilitation program if this could reduce her dosage of opioids or if this could reduce the need or frequency for invasive pain management. For these reasons, the requested 30-day TENS trial is supported by the treatment guidelines. This request is medically necessary.