

<b>Case Number:</b>	CM14-0171268		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/26/2014
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 & Rehabilitation and Pain 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:

The injured worker is a 32-year-old female who reported an injury on 05/26/2014. The mechanism of injury was not provided. On 09/17/2014, the injured worker presented with complaints of burning, radicular neck pain, and muscle spasm. On examination, there was tenderness to palpation to the splenius, scalene, levator scapula, trapezius, and levator scapulae muscles, as well as over the occiput. There were positive bilateral cervical distraction and compression tests. The range of motion values for the cervical spine revealed 30 degrees of flexion, 40 degrees of extension, 60 degrees of left rotation, 60 degrees of right rotation, 20 degrees of left lateral flexion, and 20 degrees of right lateral flexion. There was decreased sensation to pinprick and light touch over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. There was 4/5 strength noted with 2+ deep tendon reflexes. The examination of the thoracic spine noted tenderness to palpation at the rhomboid and at the mid, upper, and distal trapezius muscles. The range of motion values were 30 degrees of flexion, 20 degrees of extension, 40 degrees of left rotation, and 40 degrees of right rotation. The examination of the lumbar spine noted tenderness to palpation at the paralumbar muscles and quadratus lumborum with trigger points noted on the left side. The range of motion values were flexion to the distal tibias, 10 degrees of extension, 20 degrees of left lateral flexion, 20 degrees of right lateral flexion, 20 degrees of left rotation, and 20 degrees of right rotation. There were positive bilateral Lasegue's, flip, and tripod signs. The diagnoses were cervical spine pain, thoracic spine strain/sprain, low back pain, anxiety, and stress. Prior therapies included shockwave therapy, physical therapy, and acupuncture along with chiropractic treatment for the cervical, thoracic, and lumbar spine. The provider recommended a month supply of electrodes, batteries, and lead wires, and a prime dual transcutaneous electrical nerve stimulation unit; the provider's rationale

was not provided. The Request for Authorization form was not included in the medical documents for review.

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

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

**Month supply of electrodes, batteries, and lead wires:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulator).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** The request for 1 month supply of electrodes, batteries, and lead wires is not medically necessary. The California MTUS Guidelines do not recommend a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality. A 1 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. The results of studies are inconclusive and the published trials do not provide information on the stimulation parameters which are mostly likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There is a lack of documentation indicating the injured worker had an adequate TENS trial. The request is also unclear as to if the injured worker needed to rent or purchase a TENS unit. The body part which the TENS unit was indicated for was not provided in the request as submitted. As a TENS unit would not be medically necessary, the request for a 1 month supply of electrodes, batteries, and lead wires would not be indicated. As such, medical necessity has not been established.

**Prime dual transcutaneous electrical nerve stimulator unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulator).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 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. The results of studies are inconclusive and the published trials do not provide information on the stimulation parameters which are mostly likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There is a lack of documentation indicating the injured worker had an adequate TENS trial. The request is also unclear as to if the injured worker needed to rent or purchase a TENS unit. The body part which the TENS unit was indicated for was not provided in the request as submitted. As such, medical necessity has not been established.

