

<b>Case Number:</b>	CM14-0177433		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 40-year-old woman who sustained a work-related injury on November 11, 2012. Subsequently, the patient developed neck and upper extremities pain. The patient was diagnosed with neck pain, right upper extremity pain, mild carpal tunnel syndrome and left upper extremity pain. The patient was treated with Ultracet, Neurontin, Relafen and Biofreeze. According to a progress report dated on September 10, 2014 the patient continued to have neck and right knee pain. His pain improved from 9/10 to 7/10 with pain medications. The provider request authorization to use TENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **30 Day trial of a Transcutaneous Electrical Nerve Stimulator Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines -TENS (Transcutaneous Electrical Nerve Stimulator)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a

functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Therefore, the prescription of 30 Day trial of a Transcutaneous Electrical Nerve Stimulator Unit is not medically necessary.